PARTICIPATION IN SOCIAL MEDIA HEALTH GROUPS FOR EXERCISE AND DIETARY BEHAVIOURS AMONG FACEBOOK AND INSTAGRAM USERS IN GHANA

BY

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THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MPHIL COMMUNICATION STUDIES DEGREE

JULY, 2019
DECLARATION

I hereby declare that except for the references to other people’s works which have been duly acknowledged, this thesis is entirely the product of my own efforts. It was conducted at the Department of Communication Studies under the supervision of Professor Audrey Gadzekpo.

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……………………………

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DEDICATION

I dedicate this work to my children, Bubune of blessed memory and my reason for living, Sedem.

To Sedem: No matter how hard it got, you kept me going. You showed me to fight and never to stop till I got what I want. You are my reason and my motivation. You are my light in the darkness. You are the force that keeps me going. Thank you for enduring my absence several hours of the day and for your warmth and love regardless of the absence. May the good Lord keep and bless you for me my love. And one thing is for sure, just as I do this for you, the God we serve will bless us accordingly. The best is yet to come.

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ABSTRACT

This study adopts a mixed method approach to interrogate how social media is being used by individuals, both experts and non-experts in the promotion of diet and exercise. Using the social cognitive theory and the uses and gratifications theory as the theoretical framework, the study investigated how Ghanaians are using the Facebook and Instagram applications in their exercise and diet promotion behaviours. The objective of the study was to find out why people join these virtual communities to seek health information and the gratifications they seek from them. The study also looked to explore the kind of people who actively used these platforms and also sought to discover the self-efficacy levels of members of these social media health groups and the factors that motivate or demotivate their participation. Combining quantitative and qualitative data from survey and in-depth interviews respectively, information was gathered and analysed to explore the questions the study sought to answer. The study found that most participants in SMHGs are young females who join social media health groups (SMHGs) to lose or maintain weight in a cost-effective way. Additionally, findings also indicated that respondents wanted to broaden their dietary options and to discover where to find diet approved ingredients. In addition, the study found that accessing SMHG platforms have become somewhat habitual as members visit such pages at least twice daily. In terms of any link between participation and goal attainment, the study found that individuals who posted regularly, commented on the posts of others and engaged in live chats reported they achieved their objectives. Also, the study found that while self-efficacy to exercise was high among members of these groups, self-efficacy to diet was low. Positive comments and sharing of before and after posts motivated members to participate more, while insults and attacks demotivated participation.
CHAPTER ONE

INTRODUCTION

1.0 Background to study

Inadequate exercise or the lack of it and poor diet have been recognized by the World Health Organisation (WHO) as major health-compromising behaviours which contribute to increased risk of diseases such as diabetes, cancers, strokes, hypertension, and other related health risks. Such diseases — obesity, some cancers, respiratory and cardiovascular diseases — account for more than two-thirds of global deaths with at least half of them being caused by unhealthy diets, obesity and lack of physical activity (WHO, 2012; Spires et al, 2016). According to WHO, inadequate exercise habits and poor diet are responsible for about 2.8 million preventable deaths every year with insufficient exercise, specifically, being rated among leading risk factors for global mortality and morbidity. It is said to be the fourth leading risk factor causing death (WHO, 2009).

These statistics indicate that increasingly, lifestyle diseases are on the ascendency. This is the situation in both developed countries and developing ones. In Ghana for example, cardiovascular diseases, which are linked to diseases caused by physical inactivity and poor diet, are the most prevalent contributors to mortality among all non-communicable diseases and account for 14 percent of reported total deaths (Ofori-Asenso & Garcia, 2015). Additionally, reports from Ghana’s 2014 Report Card on Physical Activity also indicate that one-third of the country’s children and youth are not adequately engaged in physical activity (Ocansey et al. 2014).
According to Tripathi et al. (2018), the general health of people improves when individuals undertake regular exercise and adhere to proper dietary schedules; practices that tend to be encouraged by social interactions. Literature on the subject in Ghana, for example, shows that there is rising interest in the need to promote healthier lifestyle choices in Ghana’s bid to reduce high mortality. The literature further shows that significant portions of the Ghanaian populace have become aware of the benefits of proper dietary behaviour and physical activity (Tagoe & Dake, 2011). However, certain external factors influence the performance and regulation of exercise and diet on a daily basis. Key among these external factors is social and technological advancement (de Graft Aikins, 2012).

1.0.1 Social and Technological Changes

The social and technological changes that characterize contemporary lifestyles continue to affect all facets of life in Ghana, be it commerce, education, social relationships, or health (Addy, & Ofori-Boateng, 2015). The quest for ties formation and social learning has led to the creation of both online and offline communities and groups (Jane, Hagger, Foster, Ho & Pal, 2018) and the adoption and use of socially mediated technologies like social media, continues to improve lives.

Social media has led to the formation of communities, as well as groups that expose individuals to information and opportunities and also to influence behaviours (Loges & Ball-Rokeach, 1993). This has caused extreme transformations in the manner in which individuals liaise and associate with each other. Through social media, the barriers of time and distance are no more challenges in the quest to connect with people from different parts of the world. This has resulted in social media sites growing in popularity as tools for connecting people throughout the world (Mingle &
Adams, 2015). Social media sites are designed to facilitate multi-sensory engagement and to grab the attention of audiences (Mingle & Adams, 2015), translating into audiences’ spending considerable amounts of time on social media to learn, chat and connect with peers, families and other people from different parts of the world. And to further keep this relationship going, participants form groups on social media that make use of the platform to connect to people from all walks of life to discuss all manner of issues, including health (Ricoy and Feliz, 2016).

Besides joining social media groups (SMGs) to communicate and interact with others on such platforms, studies, including that of Tripathi (2018) and Jane et al. (2018), indicate that SMGs are joined by people for particular or specific reasons. In joining these groups, they seek to have their behaviours influenced or to influence that of others. According to Kaplan and Kaenlein (2010), the explicit peer influence and/or implicit observation and imitation by members of a social media group is a vital tool for improving their behaviour. This suggests that being part of social media groups may have some implication for attitudinal and behavioural change.

1.0.2 Social media for health communication and promotion

The use of social media to address health related issues, including diet and exercise, has led to high use of image-based applications like Facebook and Instagram. This is evident in countries like Australia, Hong Kong, USA and many others that are actively turning to these image-based applications for health promotion interventions (Ramirez, Kulina & Cothran, 2012; Zhang, Yang, Becker, Herbert & Centola, 2016; Vitak & Ellison, 2013; Vaterlaus, Patten, Roche & Young, 2015). In spite of these changes taking place in other parts of the world, most African countries have struggled to increase and sustain interest in the patronage of services facilitated by
social media due to low internet penetration rates. Though gradual, Ghana has begun to make some strides. Over the years, Facebook and Instagram have grown, reaching 78.32 percent of social media users in Ghana (www.gs.statcounter.com). To further increase participation in diet and exercise promotion ventures, there has been a push for the design of policies to whip up the needed interest and patronage (de Graft Aikins, Addo, Ofei, Bosu & Agyemang, 2012). Some of these policies that have been implemented as a result are the National Nutrition Policy (NNP) in 2013 and the National Policy for the Prevention and Control of Chronic Non-Communicable Disease in Ghana in the year 2012.

Studies on the influence of social media on the general well-being of people abound in literature (Mingle & Adams 2015; Jane et al 2018). Research indicates that, platforms like Facebook and Instagram provide the avenue for people to share health-related suggestions, complaints, advice and support (Roundtree 2017; Steehler, Steehler, Pierce & Harley, 2013 & McGregor et al. 2014). Social networking applications are therefore allowing users to connect and interact by designing individual information profiles that include health related content in the form of videos, photos and text. These content and interactions may create a facilitative or debilitative environment for the adoption and maintenance of health-related behaviours.

However, the fact that social media is having a distinct consequence on healthcare systems and human relationships, both in the developed and developing worlds does not make social media a panacea for all health problems (Akram & Kumar, 2017). Studies indicate that social media users may be vulnerable to issues like incorrect self-diagnosis, reduction in human contact, addiction, potential breach of privacy, feelings of inferiority and anxiety (Tripathi et al. 2018; Akram & Kumar, 2017). Regardless of these challenges, positive outcomes associated with social media
use like access to information, provision of support in online support groups, motivation and perceived self-efficacy have also been established in various studies (Bandura 2004; Bandura 2008; Litman et al. 2015; Choo & Kang, 2015; Chairs, Wong, tang, Wang & Cheng, 2015).

Lately, health practitioners use social media platforms like Facebook for health information communication and education (Roundtree, 2017). With the wide reach of the application, there is the opportunity for people across the world to share a space based on common interests, allowing for a wide range of input in preventive and curative health discussions between experts and peers (Roundtree, 2017).

Studies on the use of online support groups to improve the exercise and diet behaviour of people are increasing as individuals are becoming more comfortable with the use of computer-mediated communication technologies (White & Dorman, 2001). This increment may also be because these groups that are formed operate within a social space, usually online, to address the growing issues related to health and fitness, making it a more accessible way of achieving behaviour change (Al-Eisa, et al. 2016, DiLorenzo, Stucky-Ropp, Vander Wal & Gotham, 1998; Chung et al. 2017). Chung et al. (2017) posit that, social media health groups provide mutual aid and self-help for people with varying health challenges towards more active and healthier lifestyles. These influences and resources such as mutual aid and self-help opportunities may be present in social networks that people build through social media.

In addition, health platforms, created on social media, enable the inducement of individual efficacy that plays an essential role in personal transformation especially in the area of health promotion. This comes about by reinforcing convictions of success through replication and modeling of observed behaviour (Bandura, 2004), thereby forming the basis for human
motivation and action. Social media through its virtual communities nurture self-efficacy by presenting scenarios that are similar to that of the individual seeking information. For example, by seeing the actions they intend to perform successfully executed by others through success stories, a feeling of self-efficacy is developed to initiate the performance of the task (Bandura, 2008). Therefore, social media health groups may be key to an individual’s success or failure with regards to behaviour change, insofar as the group collectively and effectively nurtures the self-efficacy of its members (Jane. et al 2018; Bandura. 2008).

A concern however is that, though some individuals may build up intentions to alter their health behaviour on social media platforms, they may not take any action towards actually realizing this goal (Sniehotta, Scholz, & Schwarzer, 2005). This raises the question of whether belonging to online social networking sites has any significant influence on adherence to healthier dietary requirements and exercise performance. Increasingly, studies on social media health groups have claimed that the use of these groups has a direct effect on exercise and diet behaviour, however, most of these studies are focused on Western countries where there are high levels of internet and social media use recorded. There are few studies on developing countries like Ghana, Kenya and Nigeria, which are now growing in internet usage, however, the use of the internet and social media is still relatively slow and this is caused by limitations that have to do with issues such as age, educational levels, income, and in some cases, gender, in these countries (Poushter, Bishop & Chwe, 2018). Information on social media use for health promotion interventions and more particularly for the improvement of exercise and diet behaviour is scarce in Africa and not highly sought after; meanwhile, it is the sort of evidence required to support the implementation of e-health services on social media.
1.1 Social Media and Applications used in the study

Social media has been explained differently. For Kaplan and Haenlein (2010), social media refers to technological as well as the ideological foundation of Web 2.0 on which are built a group of applications based on interests. Social media allows the user to generate and exchange contents. Boyd and Ellison (2008) also defined social media as websites that allow users to create profiles and visible relationships among them.

Two social networking sites or applications: Facebook and Instagram are examined in this study. These sites were chosen because they rank first and third respectively among the world’s most used social networking sites (statista.com, 2019). More so, these applications have features such as photo sharing, video sharing, live stories, and television sections that foster interaction. Additionally, these applications have become popular in Ghana and collectively account for 78.32 percent active internet users in the country.

Facebook, particularly, is the most used social networking application in Ghana, accounting for 75.69 percent of internet users (statista.com). On the other hand, Instagram accounts for 52,900 active users (gs.statcounter.com) and is widely used among the youth in Ghana.

1.2 Problem statement

As noted earlier by organisations such as WHO, inadequate physical activity and unhealthy food choices have been linked to several health conditions on the rise in both developed and developing countries. In Western countries such as Australia and Hong Kong, the search for ways to mitigate and or eliminate issues linked to bad diet, low exercise and other health issues
has led to using resources readily available such as social media. This is because social media has gained impressive patronage in these western countries and is now, however, steadily growing in use within Africa.

While a wide array of research exists in foreign contexts on how social media is being used to advance good health, some studies that are now beginning to emerge in Africa with regards to social media have to do with the ways that social media is being used as a means for preserving and supporting African culture (Solo-Anaeto & Jacobs, 2015) or what determines social media usage among African youth (Shava & Chinyamurindi 2018) among others.

The few studies that exist, such as Osei Asibey, Agyemang and Boakye Dankwah, (2017) report that a growing number of Ghanaians now use the internet and social media platforms to look for health information. These may include and are not limited to information on recommended foods and exercise for different body types, stay at home exercises, diet plans and many more. However, such studies do not extend to how social media applications are being used for health behaviour change in Ghana.

Although SMHGs are gradually becoming alternative means of receiving information on issues related to health, there is little research on how Ghanaians are using these platforms to achieve their diet and exercise goals. With the unique features that applications like Facebook and Instagram have, most studies have found that social media platforms can provide an effective means of support for difficult to enact healthy behaviour change (Vaterlaus, Patten, Roche & Young, 2015). This is because these unique features such as live stories and photo sharing, provide the basis for replicating behaviour and probably, enhancing resources like social support, self-efficacy, role-modeling and information sharing. There is therefore a need for more
empirical studies to be conducted on how social media applications are used for exercise and diet behaviour promotion in Ghana.

Studies elsewhere have shown that though participation in health-related social media groups may facilitate individuals’ intentions to alter their health behaviour, they may not implement any action towards actual realization (Sniehotta et al., 2005). This raises the question of whether belonging to online social networking sites have any significant impact on adherence to healthier dietary requirements and exercise performance.

This research is therefore interested in exploring how Ghanaians use social media health groups to achieve their exercise and diet goals. It explores the uses participants derive from joining or participating in SMHGs and examines whether or not being more active on a SMHG platform is related to behaviour change with regard to diet and exercise. It also seeks to discover factors that affect participation in these health groups.

1.3 Study Objectives

The main purpose of this thesis was to explore how social media health groups (SMHGs) were being used to promote diet and exercise. The specific objectives of the study were:

- To discover who joins SMHGs and the gratifications they seek.
- To discover if belonging to SMHGs induce self-efficacy to diet and exercise.
- To explore whether frequent access and active participation within SMHGs support the realization of diet and exercise related goals.
- To find out what factors impede or facilitate individual’s participation in SMHGs.
1.4 Research Questions

To achieve the objectives of the study, the following research questions were addressed:

RQ1: What kinds of people join SMHGs?

RQ2: Why do people join SMHGs?

RQ3: What is the resolve (self-efficacy) of SMHG member’s to diet and exercise?

RQ4: Does frequently accessing SMHGs and actively participating in them support the achievement of exercise and diet associated goals?

RQ5: What are the factors that motivate or demotivate individual’s from participating in SMHGs?

1.5 Significance of the study

Social media use for health promotion is an area of interest in health communication, physical education, and other health related fields and has been widely documented in the developed world. Studies conducted on social media use for health promotion have pointed to an encouraging connection between groups based on social media and effects on constructs like perceived self-efficacy, social support and motivation, which are all important elements towards successful behaviour change.

In Africa and Ghana where the use of social media is just beginning to explode, few studies have been carried out in the area of health promotion through social media platforms. This study brings attention to, among other things, motivations for the use of social media health and fitness
groups and the gratifications Ghanaians derive by joining or participating in such groups. In addition, the study would prompt further research into how social media can be used to encourage dieting and exercising in Ghana.

This study may also provide suggestions to health communication practitioners on the use of social media based applications like Facebook and Instagram in the attempt to promote healthy lifestyles. Findings from this study may also inform policy makers to consider social media in making policy decisions aimed at healthy living. The reason being that empirical evidence from this study will provide some insight for health institutions into social media applications use in health delivery. Also, evidence from this study may highlight social media applications like Facebook and Instagram, as tools to help reduce the high mortality rates related to lack of exercise and poor diet, consequently, aiding in the fight against Ghana’s cardio vascular disease burden.

1.6 Definition of terms

This glossary gives the contexts in which the concepts and variables used in the study were operationalised.

**Social media health groups:** Social media pages that have attracted followership due to health related content and have, as a result, led to the creation of an online community of health conscious individuals.

**Self-efficacy:** An individual’s conviction in his/her capacity to successfully achieve an intended objective. It is used interchangeably with ‘resolve’ in this study.
**Diet:** Eating low fat, low sodium and low carbohydrate based meals as well as regulating times for eating and food portions.

**Exercise:** Being physically active by walking, skipping, swimming etc.

**Social support:** Having friends and other people to depend on in times of crisis and having people who help you have a more positive self-image and also to prompt you to focus wider and broaden your perspective.

**Modeling:** to replicate or imitate the action of another person.

**Post:** to publish or put up something on social media.

**Facebook:** A social media application used for social networking.

**Instagram:** A photo based social media application used for social networking.

**Social networking sites:** Internet-based platforms that allow the creation of profiles by users in order to network and communicate with other users on a website. This term is used interchangeably with “platform”.

**Participation:** Taking part in social media health group activities by posting, commenting, reading posts, watching videos, partaking in live interactions etc.

### 1.7 Scope of the Study

This research centered on two social media applications, Facebook and Instagram. Two reasons account for their selection. Firstly, these applications have a lot of users, with Facebook and
Instagram having 2.38 billion and 1 billion monthly active users respectively as at July, 2019(www.statista.com). Secondly, these applications have unique video sharing, photo sharing and commentary sections for enhanced social group interaction and adaptation. These features make these applications highly comparable to real life social groups like communities and families. The groups covered in the study are mainly open access groups which are groups that can easily be joined by non-members without the need to request membership from the group creator or administrator. These groups also allow the applications’ users to access information on the group without restrictions and therefore, people who are not members of the group also stand to benefit from posts and information on the group’s page.

In terms of geographical scope, the study is limited to Ghana. And for the purposes of this study, it is limited to participants in Ghanaian health groups on Facebook and Instagram and their use of the application for physical exercise and diet promotion. The findings can therefore not be generalized to apply to other social media platforms and participants in other countries.

1.8 Organization of the study

This study was arranged into six chapters. Chapter one introduced and laid the background to the study. The chapter also presented the problem, the objectives and questions guiding the study as well as its importance. It covers the range of the study, discusses the setting of the study and the organization of the study.

Chapter two was the literature review which comprised two parts. The first part of this chapter discussed and reviewed literature pertaining to the theoretical frameworks on which the study was based – social cognitive theory and the uses and gratifications theory. These theories
established the foundation for arguments in the study. The second part of the chapter discussed related studies that had been conducted in relation to the study. Arguments and findings from previous studies on the use of ICT for health delivery, social media influences on perceived self-efficacy and social support as well as implications of those variables on exercise performance and adherence, factors that impede or facilitate social media use and reasons and gratifications sought by social media use were reviewed and presented.

Chapter three discussed the methodology followed to conduct the study. It comprises the research design, target population, unit of analysis, sampling technique and sample size, data collection instrument and data analysis techniques among others. Chapter four presented the findings of the study.

Discussions on the findings are covered in chapter five and the last chapter. Chapter six concludes the study by outlining the findings, some of its limitations and laying out recommendations for future studies.
CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

The chapter discusses two theories that underpin the study, namely, the Social Cognitive Theory (SCT) and the Uses and Gratifications Theory (U&G). SCT provides the foundation for human behaviour and explains how people adjust their behaviour with a reciprocal interaction between the individual’s environment, personal factors and behaviour. The theory looks at the distinctive manner in which people obtain and maintain behaviour while noting the environment in which the behaviour is performed. The U&G theory deals with media use, in this case social media, and the gratifications sought and attained by the users. The theory focuses on what individuals do with media.

The second part of the chapter reviews literature that is pertinent and related to this current study. Most of these studies, emanating from different parts of the world, have explored social media use for promoting positive change towards different types of health conditions. Findings from most of these studies indicate the usefulness of the internet and social media based platforms in promoting good health. However, in some other cases, insignificant conclusions as well as some negative arguments on the mediums’ viability as a health promotion tool are reported. By reviewing some of these studies, this study draws on elements from previous studies in order to achieve the objectives of the present study. To make the review meaningful, this section is divided into four subsections. The first discusses studies on the general importance of Information and Communication Technologies (ICT) for health delivery. The second looks at
studies on reasons for which people join social media health groups and the gratifications sought
by doing so. Thirdly, studies on self-efficacy as an essential construct in behaviour change are
discussed, paying attention to its usefulness in health promotion and sources from which it can
be induced. Finally, the fourth subsection reviews studies on factors that motivate or demotivate
participation within social media health groups.

2.1 THEORETICAL FRAMEWORK

2.1.1 Social Cognitive Theory

The genesis of the Social Cognitive Theory (SCT) is the Social Learning Theory (SLT). SCT
started off as SLT, where it suggests that children learn through the observation and imitation of
models (Bandura, 2004). SCT was propounded by Albert Bandura in the 1960s (LaMorte, 2018)
and is based on the notion that learning is impacted by or is an interplay between a person’s
cognitive processes, environmental factors and behaviour (Bandura 1991).

The theory posits that observational learning is governed by “attention, retention, reproduction
and motivation” (LaMorte, 2018). Attention is the process where people critically examine and
extract information from the ongoing modeled actions. Retention has to do with the process of
restructuring and transforming the information for storage in the individual’s memory.
Reproduction is the performance of the actual behaviour that one observed whiles motivation
pushes the individual to the attention, practice and retention (Woods & Bandura, 1989).

According to Bandura (2001), humans are agents of their own behaviour. He identified certain
concepts that are critical for learning. Among these concepts is self-efficacy which plays a key
part in the learning process. According to Woods and Bandura (1989), self-efficacy concerns a person’s belief in their capability to successfully control events and actions in their lives to produce desired effects. Furthermore, self-efficacy is based on the person’s inclination that they have the cognitive ability, necessary motivation and resources to accomplish that task.

Efficacy beliefs are a major basis for action because until an individual believes that he or she can produce the desired results of their action, there is little incentive to act (Bandura, 1998). Exercising control to ensure effectiveness in the presence of difficulties needs not only skills but a strong perception of efficacy. Confidence in the capability to yield effects regulates the duration for which people will persevere in the face of obstacles and experiences of failure, their ability to adapt to hardship, whether their thoughts are self-hindering or supporting and how much stress and depression they experience in dealing with tough environmental expectations.

With regards to efficacy, Bandura (1994) had earlier identified four main things that influence people. He noted that people’s belief in their efficacy are influenced by their mastered experiences, observing others, social persuasion and inference.

The above listed sources as mentioned by Bandura (1994) and seen in Woods and Bandura (1989) and LaMorte (2018), may be accounted for in social media groups where mastery experiences, the most successful way of creating a secure sense of efficacy (Bandura, 1998), suggests that successes build a strong belief in a person’s efficacy just as failures undermine them. A strong sense of efficacy is not built on just successes but on perseverance in the face of failure. This can be seen replicated in social media health groups because the platform encourages participants to report on both failures and successes endured on their journey. These platforms provide the opportunity to learn from other members and to post images and videos to
help track their fitness progress and to receive advice and motivation to enact their desired behaviour change.

The social cognitive theory has been used in varied fields that discuss technological innovations, use of virtual platforms, health promotion among others because it helps to provide useful explanations for peoples use of technology, decisions to perform certain acts or otherwise etc. In contemporary health promotion, prevention and behaviour change, health education and communication is widely explored.

Additionally, observing people succeed at an action by maintaining certain efforts invested may raise an observer’s belief that they too can achieve similar results or even better. By providing the platform for basic communication methods through live stories, video and image sharing, comment sections among people of similar interests, social media groups offer a premise for teaching and learning where models, the observed, convey knowledge and share with observers effective skills and strategies for managing certain demands (Bandura, 1998).

Social persuasion is also an important factor in strengthening people’s beliefs. On social media health groups, comments sections provide the opportunity for members to persuade other members of their ability to succeed in behaviour change efforts like exercising or eating properly. The video sharing features also allow responses in the form of videos which create a greater sense of association.

The fourth way to promote self-efficacy beliefs is to decrease a person’s stress reactions because in activities concerning strength and endurance, people judge their exhaustion, aches and pains as signs of physical incapacity. “Altering their negative emotional proclivities and correcting misinterpretations of their physical state can help boost self-efficacy beliefs” (Bandura, 1998).
SCT has been widely used in various health areas from predicting safer sex among college students on campus, exercise behaviour, diet adherence, mental health and other health situations (Oleary, Goodhart, Jemmott & Boccher-Lattimore, 1992; Wallace, Buckworth, Kirby & Sherman, 2000).

According to Rogers et al. (2005), SCT provides a helpful framework for comprehending physical activity among patients with breast cancer during treatment. Young, Plotnikoff, Collins, Callister and Morgan, (2014) also concluded that indeed SCT serves as a useful framework to explain physical activity behaviour, thereby corroborating the previously discussed study.

Additionally, Anderson, Winett and Wojcik (2007) found that people’s gender, age, social support, socioeconomic status, negative outcome expectations, self-efficacy, and self-regulation, all constructs with influences consistent with the SCT, contributes to nutritional behaviour in individuals.

Social cognitive theory helps to understand how behaviour change occurs in individuals consequently affording this present study the framework to answer the objectives of this study.

Even though many studies have used SCT and reported favorably on its usability, some criticisms exist on the theory. SCT supposes that changes in the environment will automatically cause changes in the individual while this may not so at all times LaMorte (2018). Additionally, though the reciprocal relationship between person, environment, and behaviour is recognized, as seen in LaRose and Eastin (2004), the extent of the influence is unknown. LaRose and Eastin (2004) found that self-efficacy was a precondition for successful performance in behaviour, just as success in performance was also a determinant of increased self-efficacy.
Additionally, as the theory heavily focuses on learning, there is a disregard for certain biological and hormonal predispositions that may influence people’s behaviour, in spite of experience from the past and whatever their expectations may be.

### 2.1.2 Uses and Gratification

The Uses and Gratification Theory (U&G) was propounded by Elihu Katz and Jay Blumler as far back as in 1974 but is still very relevant in explaining how individuals use media for the gratification of their individual needs. The theory posits that people decide what they want to see and read to satisfy their needs, thereby, providing an approach to comprehend why and how individuals actively search for and use specific media (Ko, Cho & Roberts, 2005; Ku, Chu & Tseng, 2013).

In the 21st century, U&G plays a key role in understanding people’s use of new media. In the case of this study, U&G is used to understand people’s social media use to meet individual needs in relation to dieting and exercising. U&G has become more relevant now as a tool for understanding how individuals connect with technologies around the world from the internet to social media to mobile devices among others. Research suggests that people seek gratification in the form of social interaction, entertainment, information seeking, communicatory utility and social motivation (Whiting & Williams, 2013; Korgaonkar & Wolin, 1999) and social media platforms greatly support and makes provisions for the access of such needs (Oh, Ozkaya & Larose, 2014) by creating the space for interaction between people.
Based on the concept that people use media as a form of diversion and escape, cognitive needs, surveillance, among other needs, U&G is useful in understanding the gratifications participants derive from joining and participating in social media health groups as well as to help in understanding the reasons for joining such platform (Katz, Blumler & Gurevitch, 1973; McQuail, 1972).

Most of the research conducted using U&G in the past paid attention to television and other conventional media. With the adoption of new media like social media, online blogs and social networking sites, new research from the perspective of U&G is rising.

Studies on newer forms of digital media like social networking sites are applying the U&G framework (Raacke & Bonds-Raacke, 2008). In earlier U&G studies, researchers highlighted entertainment and information seeking as the main reasons for mass media use. This is corroborated by recent studies on new communication technologies that are also finding similar motives: information seeking and sharing, entertainment, recordability, and networkability among others. The U&G theory therefore helped to discover other uses and gratifications for social media health groups and/or to further corroborate already existing ones.

Despite its varied use in research, certain criticisms exist on the U&G theory. According to Bajracharya (2018), the theory does not show the media to be important and overlooks the possibility of the audience being inactive at certain times. Another criticism of the U&G theory is that it is highly individualistic (Katz, Blumler & Gurevitch, 1973). Regardless of the criticisms, U&G is more relevant and useful as media offers a wider array for users to choose from like the internet and a variety of other options.
2.2 RELATED STUDIES REVIEWED

This section reviews existing literature from which perspectives from various studies have been drawn to support the study. Due to the limited availability of a local body of literature which could be used to contextualize this study, the bulk of the literature reviewed is largely from western contexts.

2.2.1 ICT and Health Delivery

Mohr, Burns, Schueller, Clarke and Klinkman (2013) reviewed the state of research on behavioural intervention technologies in mental health. The study looked at the findings of a technical expert panel and found that web-based interventions have shown usefulness across a broad range of mental health outcomes while virtual reality also showed good efficacy for anxiety and pediatric disorders. On the other hand, the study also found that social media such as online support groups had low outcomes when used without other efforts. Mohr et al (2013), in their study, identified a number of the advantages in using the internet and communication technologies for healthcare delivery. First, the study suggested that the internet bridges physical barrier between the location of the healthcare provider and the healthcare seeker. That is, a large population can have access to information provided by means of the internet and ICT. Secondly, some harder-to-access groups may be reached with much ease than by using the internet than any other means. Thirdly, the internet was suggested to encourage interactivity. Finally, the study suggested that using the internet for healthcare delivery is relatively cost-effective (Mohr et al., 2013).
The advantages of using communication technologies in healthcare delivery were also identified in Gulavani and Kulkami’s (2000) article. In support of Mohr et al., (2013), the researchers also identified some advantages of using communication technology in healthcare delivery while exploring the expanding role of IT in healthcare information. Gulavani and Kulkami (2000) observed that communication technologies enabled not only doctors and paramedics but also patients and healthcare regulators to gain access to new health information much more easily and quickly. They also noted that another advantage lies in its ability to initiate and circulate a global database of information on healthcare commodities and services.

Meanwhile, to understand how new communication technologies like social media influenced people, Vaterlaus, Patten, Roche and Young (2015) conducted a qualitative study on 34 young adults to explore their perceptions on social media influence on their health behaviours. The study collected data by conducting eight focus group discussions and four interviews. The study found that young people consider social media as both a motivator as well as a barrier for exercise. The findings also suggest that social media provided a wide variety of food options, where to access them and also how to prepare them. According to the respondents in the study, this wide access distracted them from making the right food choices. Additionally, findings indicated that young adults post pictures and statuses on exercise practice online, however, these posts could have both positive and negative effects as it may inspire others or may be misused by others. This study establishes the two-way influence of social media and social networking sites on health. Therefore, in this particular research, the findings from Vaterlaus, Patten, Roche and Young (2015) becomes a basis for generating items that will help understand, in a Ghanaian context, social media’s influence on people’s diet and exercise behaviour.
Chiu, Kuo and Lin (2017) conducted a survey study to establish whether nutrition education along with mobile-technology supported lessons boosted knowledge of and self-efficacy for healthy diet. The study also sought to ascertain if adults who search for health information online showed superior progress in knowledge of and self-efficacy for healthy diet than others who did not adopt the electronic support. 21 participants comprising middle-aged and older adults were analyzed. Findings indicated that participant’s nutrition knowledge significantly improved and their self-efficacy towards eating healthy showed marginal improvement and this knowledge was positively related to their internet use.

The different findings from these reviewed studies make a case for new technology’s role in both healthcare delivery and exercise and diet behaviour. Although they were in different contexts, they still help give this study a clearer focus.

### 2.2.2 Uses, Benefits and Effects of Social Media Use for Health

With different studies pointing to new technology’s (Social media) role in healthcare and the health industry in general, it is imperative to also understand the uses, benefits and effects of these new forms of communication in the health sector. Goodyear, Armour and Wood (2018) conducted a study involving 1346 young people between the ages of 13 and 18 in the United Kingdom. The study explored the ways in which young people engage with health-related content on social media and how it influences their health-related understanding and behaviours. The study also suggested that generally, young people are resorting to digital technological, particularly social media, in health information seeking. Additionally, the use of social media
platforms in seeking solutions to health problems was found to be significantly high among individuals especially between the ages of 18 to 29 years old. According to their study, social media presents the youth with exceptional and rare opportunities to be informed and for them to learn about health. In addition, it has a wide array of impacts on behavioural changes as far as the health and well-being is concerned. Apart from this, the study found that access to health groups on social media is relatively easier compared to tradition health or fitness organisations.

Meanwhile, other scholarship puts forward that social media alone does not work effectively unless used along with other interventions based on the suggestion that social media basically provides information for people to act on. Klassen, Douglass, Brennan, Truby and Lim, (2018: 20) conducted a mixed-method systematic review of studies that examine social media use for nutrition-related outcomes on young adults. The study included 21 studies that made use of various methods of data collection. Findings suggested that the major reason for social media use was to provide social support and information for participants. The study also found that when social media was used along with other interventions, positive outcomes were recorded. Also, the study suggests that young people are open to receiving tips and recipes for healthy eating via social media. On the other hand, the study found that young adults were reluctant in sharing personal weight-related information on individual social networks.

Tripathi, Singh, Ghimire, Shukla and Kumar (2018) conducted a review exploring the long-term impacts of social media on human health. The review focused on the positive and negative effects of social networking sites on people’s health. They found that by providing the interface, bridging interactions between the seekers of healthcare (who are the users of social media platforms) on one hand and service providers, on the other, social media facilitated the sharing of
knowledge across different people and enables communication all over the world. However, information shared can easily be mistaken, leading to the spread of false concepts and remedies about a health condition.

Ventola (2014) explored the benefits, risk and best practices for social media use by health care professionals. The findings suggested that health practitioners use social media networks such as WhatsApp, Facebook, Instagram, Skype and Twitter to provide the space for health related discussions and advice. Tripathi et al. (2018: 2) reported that “nowadays, a number of medical practitioners are taking part in interaction with people through social networking sites and from their online communities and groups. They listen to the patients and communicate with their peer to resolve the medical issues of the patient” (Tripathi et al. 2018), thereby corroborating Ventola’s (2014) findings.

Moorhead et al., (2013) conducted a meta-analytical study using 98 original research studies to identify the uses, benefits and limitations of social media for health communication among the general public, health professionals and patients. The study also sought to find the gaps existing in literature. The study outcome identified seven main uses of social media for health communication including obtaining and sharing health messages and increasing interactions. Six benefits were also noted, including social/peer/emotional support and access to tailored information. Generally, the study found that social media offers a medium to be used by health professionals, the public and patients to liaise about health related issues with the potential to improve health results. This is because, according to their study, social media is a cost-effective way of contacting these professionals, peer groups and health organisations.
A study conducted by Brandtzaeg and Heim (2009) sought to find out from about 1,200 respondents in Norway who were Social Networking Site (SNS) users the reasons for their participation. The key conclusion of the study was that motivational reasons accounted for their use of SNSs. Among other things, Brandtzaeg and Heim (2009) found that people who join social networking sites seek to make contact with new people. Another reason identified for the use of social media groups was the need for “general socializing.”

Jane et al. (2018) explored the value of social resources such as social support for behaviour change in health promotion. Data was collected and analysed from a randomized controlled trial involving obese adults over the course of 24 weeks. Findings from the study established that social media use in promoting healthcare is an emerging area, being subjected to examination. Findings from their initial inquiry demonstrate that the use of social media in delivering healthcare is on the ascendancy. They attribute the increase in the participation of social media programmes on weight management to social media being “a cost-effective tool to provide social support for individuals participating in weight management programmes” (Jane et. al., 2018: 5). Despite this, it is thought that should it improve in its “privacy protocols”, social media would not only be useful but also serve as safe and cost-effective platforms for diverse weight management programmes.

In 2019, the uses and benefits of social media for health may have changed slightly based on several anecdotal evidence. However, these studies become a stepping stone for this current study regardless of varying contexts and the increased variations of social media.
2.2.3 SMHGs and Self-efficacy to Diet and Exercise

Resolve or more specifically, self-efficacy is a person’s assurance in his or her capacity to execute a specific behaviour. It is a key construct in many health behaviour change studies that make use of theories like the social cognitive theory, health belief model and many others. This section discusses key studies conducted to explore self-efficacy in relation to its association to diet and exercise. The section also discusses studies on sources of self-efficacy.

Byrne, Barry and Petry, 2012 conducted a quantitative study to examine the impact of changes in diet and exercise self-efficacy on outcomes among 30 adults. The study found that attending treatments and changes in exercise self-efficacy during treatment were the strongest predictors of weight loss. They also found that pre-treatment diet efficacy can also predict weight loss success.

Similarly, Nataskin and Fiocco (2015) examined whether stress levels and diet self-efficacy may be linked with unhealthy eating habits in 136 young adults. Data was collected using questionnaires that captured information on diet self-efficacy, perceived stress as well as sodium and fat intake. The study found that diet self-efficacy was associated with lower fat and sodium intake, hinting at its usefulness diet promoting healthy diets.

Burke et al. (2015) conducted a study to look at the effects of adding individual self-efficacy enhancement sessions to standard behavioural weight loss treatments. The study was conducted on 130 randomly selected individuals with high body mass index. The study used a randomized controlled trial to collect data over the period of 18 months. The study found that the participants receiving an intervention targeting enhanced self-efficacy had greater weight loss as opposed to the others who did not.
Litman et al. (2015) explored whether using exercise applications is associated with higher levels of exercise and improved health outcomes. The study also sought to understand how such applications may affect health. Data was gathered from 726 participants with three varied backgrounds: those who never used exercise applications, those who used exercise applications but discontinued use and those who are currently using the applications. Their findings showed that exercise application users are more likely to engage in leisure time exercise as opposed to the others. This was because, the data suggested that one way through which the exercise application increased exercise levels and consequently health outcomes was by making it easier for users to overcome barriers to exercise, leading to increased self-efficacy to exercise which was central to exercising behaviour.

A study by Choo and Kang, 2015 found that increased diet self-efficacy and health-promoting behaviour are strong predictors of initial weight loss among women with abdominal obesity. The study sought to identify what predicts initial weight loss among women with abdominal obesity. A longitudinal study was carried out on 75 women who had abdominal obesity who were enrolled in a Community-based heart and Weight management Trial and followed until a six-month assessment to arrive at the study findings.

Chair, Wong and Tang et al, 2015, investigated the role of social support and other factors in relation to exercise and diet self-efficacy in 85 Chinese patients with coronary heart disease in Hong Kong, and Martos-Mendez, 2016, investigated the mediating role of perceived social support in the relationship between perceived self-efficacy and adherence to treatment in 202 chronic patients living in Spain. Both studies found that self-efficacy has a significant direct effect and an indirect effect (through social support and satisfaction with support) on patient
adherence, specifically regarding diet and exercise. Chair et al., (2015) further suggested that social companions would help patients get greater confidence in overcoming barriers to lifestyle modification.

Contrary to earlier reviewed studies, Wingo et al. (2013) found that diet self-efficacy and exercise self-efficacy were not associated with behaviour change. Using a randomized controlled trial with 537 adults, the researchers explored whether self-efficacy independently predicted weight loss in a behavioural intervention.

For self-efficacy to be induced, some studies point towards social support through vicarious experiences and verbal persuasions, as factors that promote the conviction and resolve to be able to succeed at tasks (Bandura, 1977; Redmond 2010; Major et al. 1990).

McAuley, Blissmer, Katula and Duncan (2000), investigated the roles played by exercise environment (group versus alone) and self-efficacy. In a randomized controlled trial involving 80 older adults, the researchers found that social group environments resulted in significant improvements in exercise performance as compared to those who exercised alone. Additionally, the study suggests that social support significantly influences an individual’s self-efficacy.

Devos, Dupriez and Paquay, 2012, examined how social working settings predict feelings of depression and self-efficacy in beginning teachers. The study found that recurrent collaborative exchanges with colleagues are associated with higher self-efficacy when difficulties are being experienced in an environment. This quantitative study was conducted on 185 beginning teachers from a French-speaking community of Belgium. The study showed that in instances where teachers are experiencing difficulty, social support was related to higher self-efficacy. Findings
from this study may have implications for this present study where the SMHG environment may provide the setting for the inducement of high self-efficacy of individuals who are experiencing health related struggles and how support from SMHG members may induce their resolve to accomplish their desired behaviour change.

2.2.4 Factors Motivating and Demotivating Participation in SMGs

Different factors may account for people’s interest in participating in social media discussions and groups. With online groups that focus on health discussions, individuals may have strong reasons to join and be part of discussions or have certain reservations about sharing private health information online. Some studies have identified different reasons—both motivating and demotivating—for why people participate in SMHGs. For instance, Newman, Lauterbach, Munson, Resnick and Morris (2011) interviewed 14 people with significant health concerns who take part in online health communities and Facebook in order to understand why and how they share health information online. The study found that, for individuals to succeed in their goals, effective communication should be established within networks. Also, social networks need to be well developed to encourage sharing of information. A challenge on participation however was the need to how to share information on specific needs while managing self-presentation.

Sundar, Oeldorf-Hirsch, Nussbaum and Behr (2011) explored whether online social networking sites such as Facebook assist to reduce social isolation of aging alone by allowing seniors to keep up quality social interactions. A survey of 168 adults over the age of 55 was conducted and findings showed that the primary motivation for participation in social networking sites was due
to persuasion by a friend or family member. Non-users on the other hand cited a strong lack of interest in the platform.

Antonacci, Fronzetti, Colladon, Stefanini and Gloor, (2017) set out to identify factors that influence the growth of healthcare virtual communities of practice in a seven-year longitudinal study between 14000 members. Findings indicated that more individuals join a community if the language used is not complex, structures are centralized and leaders are dynamic.

Aside from the kind of information people share in these groups and the attitude of members, the ease of use of social media applications is also a factor. Dennison, Morrison, Conway and Yardley, (2013) explored adults’ views on applications related to health behaviour change. The study sought to identify issues that contribute to interest in and willingness to use such applications. Focus group discussions were conducted with 19 university students in the United Kingdom and findings reported. Firstly, the study found that applications that are easy to use and supports tracking and reviewing of behaviour are useful. Findings suggest that these same tracking and reviewing features may however cause a negative emotional trigger in people, causing them to give up on their behaviour change goals. Additionally, privacy and security was a major concern identified by the study as respondents from the study, who use health applications, reported feeling uneasy about the security of their data. Vitak and Ellison (2013) also found in their study that there is the disclosure of membership information of group members to attract more members. According to them, this is mainly because there is no guarantee of user confidentiality and privacy, causing unease in social media use.

McLaughlin et.al, (2012) examined six factors that influence a childhood cancer survivor’s participation in a social networking and video sharing intervention program for a period of six
months. Participants in the study were 14 healthy childhood cancer survivors in the United States. The findings suggest that the ability of the social networking and video sharing program to fulfill otherwise unmet needs from offline settings greatly contributed to the success of social networking interventions for young cancer survivors. These needs vary depending on each individual. This is in line with Wilson, Fornasier and White’s (2010) study that found that the use of social networking sites was dependent on the individuals’ personality and self-esteem factors. They came to this conclusion after collecting data from 201 university students aged 17 to 24 years. According to their findings, individuals who are socially confident and more outgoing reported higher levels of social networking site use.

Deng and Tavares (2013) examined the factors that inhibit and motivate students’ engagement on online discussions on two social media applications (Facebook and Moodle). The research participants, 14 pre-service teachers, were interviewed in order to arrive at their findings. According to their findings, students perceived Facebook to be highly beneficial. They also attributed a strong sense of community which, according to them, boosted the impulse to post, comment actively and visit the group often to the quick response time associated with the application. Additionally, the “Like” feature on the Facebook application boosted social presence within community because receiving a “Like” to posts motivated them to participate.

Generally, many demotivating and motivating factors are associated with the use of social networking sites, key among them being security, privacy, quality of discussions, maintaining strong participant motivation, competition (Springer and Pfaffinger, 2015; Maeder, Poultnay, Morgan & Lippiatt, 2015; Resnick, Janney, Buis & Richardson, 2010; Marcella, 2002; Domingo Aladrén, 2010). From the literature reviewed, it is clear that not much has been explored in
Africa and for that matter Ghana although people are increasingly using social media and social networking sites for health promotion. It would be interesting to find out if findings are in anyway similar to findings from western countries and if at all context is a contributing factor.

2.3 Chapter summary

This chapter firstly reviewed literature that is pertinent to the study with regards to theories that underpin the study and related studies. Two theories were discussed and they are to serve as the theoretical framework for the study. The study settled on the social cognitive theory and the uses and gratifications theory. The former theory has to do with how people learn and are affected by the self, environment and cognitive factors, and the latter, why people use the media and the gratification they get. The theories partially form the bases for the some of the research questions posed. In exploring motivating and demotivating factors for diet and exercise behaviour change, the social cognitive theory played a major role in establishing grounds for human behaviour change and throws light on how environments and cognitive processes assist in the success or other wise of those behaviours. The uses and gratifications theory helped shed light on the reasons SMHG members have for seeking out their various groups and the gratifications sought by their membership and participation within these groups.

The second part of this chapter presented the related studies review. As the study is intended to fill a gap in the existing literature, a review was carried out in order to identify the gap. A major gap that this research sought to fill was the extant nature of literature on social media use, specifically among Ghanaian Facebook and Instagram users for diet and exercise promotion. To do this, literature related to the subject matter was reviewed.
CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This study sought to explore the use of SMHGs on Facebook and Instagram for diet and exercise promotion. It does this by investigating who users of these online health groups are and measures their self-efficacy to diet and exercise. Additionally, this study explores whether participation and frequent access of these SMHGs leads to the achievement of goals and what factors may motivate or demotivate individual’s participation within their respective groups.

This chapter describes the approach and procedures used to carry out the research work to its logical completion (Rajasekar, Pitchai & Veerapadran, 2006). It explains the research design, target population, sample size and technique, sources of data, data collection instrument, data collection method and data analysis techniques. Finally, the ethical issues that guided the study were presented.

3.1 Research Design - Mixed Method

Research design is a strategy that is utilized to provide answers to a research problem (Beck & Manuel, 2008). In order to answer the research questions posed in this study, the mixed method approach was adopted. The mixed method approach has been defined by Johnson, Onwuegbuzie and Turner (2007) as one that combines both quantitative and qualitative elements in the collection of data and its analysis. That is to say that the approach fuses elements of otherwise
independent qualitative research and quantitative study, allowing the collection of more comprehensive, richer and thicker data (Jick, 1979). Halcomb and Hickman (2015) described mixed method as a study approach that enables the researcher to use both narrative data and numerical data in conducting a single research.

The mixed method approach to research has been recommended by Johnson et al. (2007) for studies aimed at breadth and depth of understanding. Furthermore, they recommend the mixed method approach where data corroboration is needed. The mixed method of in-depth interviews and survey was used because it is the appropriate method for achieving the objectives of this study. By so doing, a broader picture of how SMHGs are being used was presented. That being the case, Greene (2007) pointed out that in using the mixed method, the qualitative and quantitative methods compensate for the inherent weaknesses of each other. The quantitative data generally described the users of SMHG, revealing their reasons for joining and using the group and also, what they gained from its use. This data also examined the self-efficacy of the members towards diet and exercise. Additionally, this method helped to explore factors that motivate the users of SMHGs to partake in the group’s activities or otherwise. On the other hand, the qualitative data explored how the groups are used by creators and users to promote diet and exercise related behaviour by gathering data from five creators of such social media health groups. Four of these creators personally use these groups for active weight loss or for maintenance purposes. This data helped to corroborate and further discover how group creators use their pages to encourage diet and exercise among members. The use of this method also allowed information to be gathered on other uses of the group that were not considered by the researcher.
In this research, quantitative data was gathered from 150 participants who are followers or members of social media health groups on Facebook or Instagram. This data was supported with qualitative data from the creators and administrators of the groups. The qualitative part of the study provided information on why the group was created and how it is being used to promote diet and exercise among its members. Information gathered from this was used to complement the numerical data collected, therefore proving breadth to the study.

The mixed method approach allowed information from both users and creators of these social media health groups to be analyzed side-by-side and to thereby determine whether or not the objectives of members and creators or administrators of these groups were met.

3.1.1 Quantitative Research Design (Survey)

A survey of 150 users of social media health groups was undertaken. The decision to use the survey method was informed by the objectives and questions the study set out to answer. A survey is a method of data collection from a sample of a population (Scheuren, 2004). In that regard, questionnaires were used as the means of data gathering which contained statements and questions to which the respondents were asked to provide answers to. Firstly, the questionnaires helped to explore why people join SMHG, paying attention to the kind of people who use the platforms and what they sought to gain through its use. This approach was also used to explore the factors that motivate or demotivate participation in SMHG. Finally, self-efficacy to diet and exercise was measured using this approach.
Data for the quantitative aspect of the study was in two parts. Firstly, a link to participate in an online survey was posted on Facebook and Instagram health pages because the respondents this present research is interested in are people who are within SMHGs and thus, it is easier to reach them online. Additionally, online data collection allows the respondents to respond to the questionnaire while on the go or at their free time. After identifying health groups’ specific to Ghana such as Ketogenic Lifestyle Ghana, Obolodiaries, Obaaya_89fit among others, members were invited to participate in the survey. This was done by sending posts and direct messages to members of these health groups.

Secondly, field (offline) data was collected in Accra central covering areas around the Accra Polytechnic, National Theatre and the Ghana Law School and through to Accra high street. This was necessary because the response rate of the online survey was very low and additional efforts were required in order to achieve an acceptable sample size within the time. However, to ensure that offline data collected was appropriate and reduced the risks of sampling error, screening questions were asked to ensure membership within health groups on the two applications studied. Accra central was selected because a lot of businesses are situated in that area and as a business centre, Accra attracts people from different parts of the country and offers the opportunity to access a more diverse range of respondents. The researcher was assisted by five research assistants in the collection of the data over a period of four days from 9am to 2pm daily.

3.1.2 Qualitative Research Design (In-depth interviews)

This study employed the qualitative method in order to gather information on why these SMHGs were created and how they are being used to promote diet and exercise among members of health groups. In-depth interviews are one of the most useful qualitative data collection
techniques that allow researchers to deeply explore respondent’s feelings and views on a subject (Guion, Diehl & McDonald, 2001). This part of the study was concerned with the perspectives and opinions of the group creators and administrators of SMHGs on Facebook and Instagram. To obtain data that would be rich and bring more insight into this research, SMHG creators who use the platform for health promotion and those who started off using the group for their personal diet and exercise journeys before evolving to helping others were sought. To this end, five in-depth interviews were conducted using a semi-structured interview guide with creators of; Thewellnesshub, Obolodiaries, Fitnessforlife_gh, Curvysfit and obaayaa_89fit. Four out of these five group creators use their pages on their personal diet and exercise journeys. The interviews were semi-structured in nature to allow for the exploration of individual reasons and conditions for people joining such groups and how these groups help achieve diet and exercise goals (Bariball & While, 1994). This structure also gave room for respondents to freely recount and provide information about their reasons for creating their respective groups, the activities they perform these groups and the benefits that may have come about for themselves and other members as a result of membership in groups.

3.2 Sampling Technique, Sample Size and Rational

A population is the group or set of things from which a representative sample is selected (Lavrakas, 2008). For this study, the population was in two parts. Firstly, the population for the quantitative aspect of the study was made up of all Ghanaian members of social media health groups on Facebook and Instagram. Further qualification to enable a person to be selected as part of the sample is that the person must at least be eighteen (18) years old even though both
Facebook and Instagram allowed people from the age of thirteen (13) years to be able to access their platforms. The age limit set for the purposes of this study is due to the fact that in Ghana, a person below eighteen years is regarded as a child (Constitution, 1992) and for that matter is incapable of making independent decisions.

In order to arrive at the sample for the quantitative part of the study, the purposive sampling technique was adopted for online data collection. The purposive sampling technique is a non-probability sampling technique (Bernard, 2002). Also called judgmental sampling or selective sampling, purposive sampling technique relies on the researcher’s judgment or discretion when it comes to the selection of members or elements of the sample (Sharma, 2017). The selection of the sample was done in a way that met the interest of the research especially where it is required that respondents be in possession of certain required or requisite information or knowledge (Thornhill, Saunders & Lewis, 2009). Nine groups were identified; Thewellnesshub, Obolodiaries, Curvysfit, Obaaya_89fit, Fitfam, Fitspiration, fitnessmotivation, Ketogenic lifestyle Ghana and Fitnessforlife_gh, from which participants were sought to participate in the study.

To negotiate participation, group administrators and creators were contacted and briefed on the nature of the research. Their help was then sought to access members as they are the direct line of contact. The link to the questionnaire was then shared with them for redirection to the various group pages. Additionally, direct messages, which included the link to the survey, were sent to the inboxes of identified members of SMHGs on the two applications studied.

In addition, due to the low response to the online survey, questionnaires were also administered offline. This was done using the accidental sampling method. This is a non-probability sampling
method that involves the sample being drawn from easily accessible population to the researcher (Etikan, Musa & Alkassim, 2016). To ensure that accidentally samples respondents fit the criteria required for the study, screening questions were added to the beginning of the questionnaire. The screening questions included questions on the respondent’s membership on a SMHG on Facebook and/or Instagram. These screening questions ensure that respondents have the required characteristics that make them eligible to take part in the study (Brace, 2008). This was very important because of the methods used in collecting the data for the study.

In terms of the sample size, 150 individuals participated in the quantitative part of the study. A sample is a representative subset of a population (Wimmer & Domnick, 2005). The justification for this number of respondents is that, though Facebook and Instagram users in Ghana are quite large, participants in SMHGs are not as many when held up against users of these social media platforms.

For the qualitative part of the study, all creators and/or administrators of Ghanaian SMHGs formed the population from which five creators or administrators of social media health groups were conveniently sampled. The convenience sampling technique is a non-systematic approach to participant recruitment because it allows the researcher to include people that are nearest and available to take part in the study (Etikkan, Musa & Alkassim, 2016). It is also a useful method when time is limited and funds are low. Out of about 12 Ghanaian SMHG creators contacted, Obolodiaries, Obaaya_89fit, Curvysfit, Thewellnesshub and Fitnessforlife_gh participated in the study, making a total of five participants. This number was settled on because qualitative research often works with small samples as dealing with large sample sizes can be
unmanageable, labour-intensive and time-consuming. Additionally, as this study does not aim at generalizing its findings, it was adequate to interview five SMHG creators.

3.3 Data Collection Instruments

This study used two instruments to obtain primary data from members of social media health group and creators of these groups. A questionnaire was used for the quantitative data collection which dealt with members of SMHGs and a semi structured interview guide was used to collect data from the creators of SMHGs.

Questionnaires were used to collect data for the quantitative study because they are free from the bias of the interviewer as responses are of the participant’s own choice or words (Saunders, 2009). As seen in Appendix A, the questionnaire was structured to capture certain demographic and general information from respondents in section A and B and sections C, D, E and F were in Likert scale format. Furthermore, the questionnaire was ordered to capture data to address the research objectives and general information of respondents using close-ended questions because they offered greater uniformity of answers and was more suitable for statistical analysis in comparison to open-ended questions (Baxter & Babbie, 2004).

The questionnaire was divided into six sections. Section A captured the demographic data of the research participants from gender, age, level of education, work status, income and duration of participation in social media based health and fitness groups.

Section B obtained information on participants groups and how long they have belonged to that group. It also contained a question on how they got to know about the group.
Section C explored conditions under which participants join SMHGs and the gratification they seek out by their participation in their various groups. The responses were indicated on a five-point Likert scale with one being strongly agree to five being strongly disagree.

Section D was designed to obtain data on participant’s self-efficacy to exercise or diet. The section determined the strength of the participant’s determination to stick to diet and/or exercise. A 48 item scale was adopted and adapted from Bandura (2006) into a 26 item scale to measure self-efficacy to regulate eating habits and self-efficacy to regulate exercise. Responses on the questionnaire were rated by recording a number from one to three to assess the level of confidence with which they persist in their diet and exercise routine.

Section E was designed to assess respondent’s behaviour within their respective groups. Respondents were asked to select from a five-point Likert scale, with one being strongly agree to five being strongly disagree. The statements measured how frequently they log into the group on a daily basis and the activities they perform within their groups. The section also explored whether the reasons for which respondents joined these SMHGs were accomplished. This was done using a five-point Likert scale with one being strongly agree to five being strongly disagree. The statements measured the respondent’s degree of agreement with eight statements that assess possible identified reasons for their participation in SMHGs.

The final Section, F, obtained data on factors that motivate or demotivated respondents’ participation in SMHGs. Data from this helped assess the challenges that participants may face while participating in SMHGs, as well as elements that may boost their participation. Responses on the questionnaire were measured on five-point Likert scales where one represents strongly agree to five strongly disagree.
Additionally, an interview guide was used to collect data for the qualitative aspect of the study. A semi-structured interview guide, as seen in Appendix B, was used to allow follow-up questions and also to enable the researcher pursue other topical areas that come out during the interviews.

The questions for the guide were open-ended and were asked in accordance with the study objectives. Respondents were asked about their reasons for creating their various groups and what activities they engage in within the groups. Additionally, their views were sought on the effectiveness of the medium in promoting dieting and exercising based on their experiences, as personal users, and as administrators. The questions were posed to enable the respondents to broadly express their views on the various objectives set in the study and also, to allow the researcher to ask follow-up questions if and when needed. This method is more likely to give an in-depth explanation to the pre-determined answer options provided for the respondents in the questionnaire. It was also to complement and corroborate answers provided in the questionnaire (Johnson, Onwuegbuzie & Turner, 2007).

The interviews were recorded after consent was granted by respondents at the start of each interview. Hand-written notes were also taken to back up audio recordings.

3.4 Validity and reliability tests for self-efficacy to diet and exercise measures

Self-efficacy to diet and exercise was measured using a multi-item scale adopted and adapted from Bandura (2006). It is important for the researcher to ensure that the data collected is suitable for analysis. Using the Statistical Package for Social Sciences (SPSS) Data Editor
Version 16.0, the researcher employed an Exploratory Factor Analysis (EFA). The EFA is an initial investigation to identify the number of underlying variables in a set of items (Coakes & Steed, 2003). This process is considered exploratory because there is an uncertainty between the links of the variables and the items. The self-efficacy to diet and exercise measures were adopted from a previous study and it is therefore important to ensure that they are properly connected to their fundamental constructs among the Ghanaian sample.

As a multi-item scale, there is the need to validate the measure. Validity determines whether the research truly measures what it is intended to measure, in this case self-efficacy to diet and exercise (Golafshani, 2003). Additionally, the items are tested to ensure adequacy for factor analysis using the Kaiser-Meyer-Olkin and Bartlett’s test. According to Dahal (2007), Kaiser-Meyer-Olkin (KMO) measure of sample adequacy varies between 0-1 and values closer to 1 are better whereas below 0.05 is unacceptable. The current study recorded a KMO of .790 showing items adequacy for factor analysis.

Out of the 28 items included in the questionnaire, 10 items were randomly selected from the 28 items measuring self-efficacy to diet and exercise and used in the initial run of the EFA. The reason for this was to make the output less bulky and easy to use in analysis. Five factors each were selected from the self-efficacy to diet and self-efficacy to exercise measures with an expected outcome of two factors. These 10 items loaded four factors. Factor 1, 3, and 10 did not load and were therefore excluded from subsequent analysis. To ensure the items adequacy as the construct measure, a third and final EFA was run, loading the seven items that loaded with an expected outcome of two factors. The seven items loaded an output of two factors, seen below in Table 1.
Table 1: Results from Final Factor Analysis

<table>
<thead>
<tr>
<th>Factor</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongurgeforfatfood</td>
<td>.659</td>
<td></td>
</tr>
<tr>
<td>Eatingwithother</td>
<td></td>
<td>.901</td>
</tr>
<tr>
<td>Feelingtired</td>
<td>.931</td>
<td></td>
</tr>
<tr>
<td>Stopexercising</td>
<td>.831</td>
<td></td>
</tr>
<tr>
<td>FeelingDepressed</td>
<td>.636</td>
<td></td>
</tr>
<tr>
<td>Toomuchwork</td>
<td>.785</td>
<td></td>
</tr>
<tr>
<td>Pressured</td>
<td>.661</td>
<td></td>
</tr>
</tbody>
</table>

From these factors that loaded, composite measures were created and then used in subsequent analysis throughout the study. After the composites were created, there was a need to ensure that the constructs were significantly different from each other, indicating that they measure different constructs (Henseler, Ringle & Sarstedt, 2015). To do this, a discriminant validity test was run and the outcome shown in Table 2 below. Findings indicate significant difference by producing a negative output (-.227) for both measures of self-efficacy to diet and exercise.

Table 2: Results from Discriminant Validity Testing

<table>
<thead>
<tr>
<th>Correlations</th>
<th>EFFEXX</th>
<th>EFFDIETT</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFEXX</td>
<td>1.00</td>
<td>-.227</td>
</tr>
<tr>
<td>EFFDIETT</td>
<td>-.227</td>
<td>1.00</td>
</tr>
</tbody>
</table>
It is also important to ensure that a measure is replicable and consistent internally. To this effect, it is important to run a reliability test on the measures used to measure the self-efficacy to diet and exercise construct. The reliability test, also known as Cronbach’s Alpha, was conducted using the items that loaded within the two factors. A Cronbach’s alpha of .869 and .753 were recorded for exercise and diet self-efficacy respectively as seen below in *Table 3*. According to Bland and Altman (1997), a value of 0.7 to 0.8 is regarded as satisfactory.

### Table 3: Results from Cronbach’s Alpha

<table>
<thead>
<tr>
<th>Items</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFEXX</td>
<td></td>
</tr>
<tr>
<td>Feelingtired</td>
<td>.869</td>
</tr>
<tr>
<td>Stopexercising</td>
<td></td>
</tr>
<tr>
<td>FeelingDepressed</td>
<td></td>
</tr>
<tr>
<td>Toomuchwork</td>
<td></td>
</tr>
<tr>
<td>Pressured</td>
<td></td>
</tr>
<tr>
<td>EFFDIETT</td>
<td></td>
</tr>
<tr>
<td>Strongurgeforfatfood</td>
<td>.753</td>
</tr>
<tr>
<td>Eatingwithothers</td>
<td></td>
</tr>
</tbody>
</table>

#### 3.5 Questionnaire Pre-testing

In order to identify any problem within the questionnaire such as unclear wordings or statements and to ensure it is not overly lengthy and exhausting for respondents (Willis, 2016). A field pre-testing procedure was adopted to ensure that the questionnaire would achieve the needed response and to ensure that the sections flow logically (Czaja, 1998). Ten individuals were
briefed on the nature and objective of the study and then proceeded to respond to the questionnaire. After completion, suggestions were obtained for revising the questions and response scales. Recurrent concepts and words that respondents did not understand were also identified and changed where possible. Feedback suggested that varied Likert scales values should be kept at one to five, rather than varying values, as it makes the questionnaire simple. For the self-efficacy measures, respondents indicated that a shorter scale would make it easier for them to respond to the questions and at a quicker pace. Thus, the scale was revised from measuring from zero to 10 to one to three.

3.6 Data Collection

For the quantitative study, data was collected online and offline. For online data collection, survey links were shared within health groups on Facebook and Instagram and sent directly to identified members of SMHGs. The post contained a link to an online survey hosted by Google Forms. Respondents were surveyed between June 5, 2019, and June 15, 2019.

For field (offline) data collection, five research assistants, together with the researcher, administered questionnaires to 130 respondents at Accra central. To ensure that respondents were fairly sampled, two female and two male research assistants were chosen along with the researcher. Additionally, the researcher ensured that the assistants were not limited in their view of who fit the role of respondents by instructing them to approach all of people regardless of assumed age and gender. Screening questions were added at the beginning of the questionnaire screening questions were used to identify individuals who belong to health and fitness groups on Facebook and/or Instagram, since this was the basis for respondent selection. This was necessary
because the convenience sampling method was used and thus, there was the need to ensure that
the respondents met the requirements to respond to the questionnaire. In these screening
questions, respondents were required to tick answers that confirmed membership within SMHGs
on either Facebook or Instagram or both. When responses were affirmative, they proceeded to
respond to the questionnaire. Respondents were semi-supervised to ensure that the questionnaire
was well understood (Pfleeger & Kitchenham, 2001). Data was gathered from June 11, 2019 to
June 14, 2019.

For the qualitative study, apart from one interview which was conducted via WhatsApp
messenger as respondent could not afford time for a phone call, all others were conducted via
phone call. The phone interviews were conducted at times chosen by the respondents. This was
based on respondent’s preferences.

3.7 Sampling bias

Data collection for the survey was in two folds; online and offline. As a study largely based on
social media, it is expected that data be collected online. However, this present study was limited
by time and due to the low response rate of the online survey, the researcher had to resort to
offline data collection to supplement for an acceptable sample size. In order to ascertain that
respondents from the offline data fit the criteria to partake in the study and to correct the
possibility of sampling bias, screening questions were added to the beginning of the
questionnaire. The main criterion for partaking in this study was that the individual must belong
to a SMHG on Facebook and/or Instagram. That notwithstanding, results from this study cannot
be generalized to the entire population of SMHGs on Facebook and Instagram.
3.8 Data Analysis

The researcher used descriptive statistics in analyzing the quantitative data. The use of descriptive statistics was to make it possible to summarize the data collected which was presented in tables, bars, percentages, frequencies and standard deviations. To statistically analyze the data collected, the researcher used the Statistical Package for Social Scientists (SPSS) software.

For the qualitative data, a thematic analysis was conducted on transcripts of in-depth interviews conducted. Six steps were undertaken in deriving the themes from the data set; familiarization with the data though repeated reading, generation of initial codes, searching for themes to identify patterns, reviewing of potential themes, defining and naming the themes and writing the report (Terry, 2016).

3.8 Ethical Considerations

Ethical issues were duly considered in this study. Key ethical considerations in this study included informed consent, privacy and confidentiality, anonymity and, voluntariness and freedom to resile. These considerations are explained below:

Informed Consent

Informed consent must be grounded on the information involving the research purpose, identification of the researcher and any benefits that may be received (Mugenda & Mugenda,
In line with this, the researcher explained the purpose of the study to the participants and assured them that the study was for academic purposes only. This was done in writing on the questionnaire for the survey and over the phone for the in-depth interviews. Their role as far as the study was concerned was explained to them. This was to ensure that they had enough information to make a decision as to whether they intended to participate or not.

**Privacy and Confidentiality**

The responses from the questionnaires were directly stored by the researcher, with no third party interference, thus, ensuring privacy. Furthermore, third parties were not allowed access to the data. The collected data was then transferred onto a laptop with the password only known to the researcher. In addition to the privacy, information provided by the respondents was held in strict confidence. No such information was disclosed to any person.

**Anonymity**

It was ensured that no information about the respondents such as their names was disclosed to any person. This was done in order to avoid any unpleasant consequences that may be visited on them by virtue of their participation in this study. Anonymity was also guarded in the presentation of findings.

**Voluntariness**

It was ensured that participation in the study was wholly voluntary. No respondent was coerced or in any way cunningly compelled to participate in the study. In addition, voluntary
participation was ensured throughout the process of data collection. In line with the voluntariness of the data collection process, the respondents were assured of their freedom to withdraw at any time, if they so wished to do so.

3.9 Chapter summary

This chapter described steps that were taken in data collection and the rationale behind those steps. The mixed method approach of Survey and in-depth interviews, which were employed for data collection and analysis were chosen because the approach allowed a more detailed understanding of the use of social networking sites for diet and exercise behaviour. Sampling procedure, sample size, population, data collection instruments (questionnaire and interview guides), and data analysis techniques were all presented and discussed in this chapter. Ethical considerations were also addressed in this chapter. Decisions made in this chapter were based on previous studies, some of which have been discussed in the literature review chapter.
CHAPTER FOUR

FINDINGS FROM THE STUDY

4.0 Introduction

The research aimed at exploring how social media health groups are being used to promote diet and exercise behaviour among Ghanaian Facebook and Instagram members. This chapter presents the findings from the study.

The study adopted the mixed method approach to research. Accordingly, data for the study were in two parts: quantitative data and qualitative data. The quantitative data were collected through a survey. Responses were coded and thereafter entered into SPSS Data Editor Version 16.0. Out of 130 questionnaires distributed, 130 responses were completed and returned, presenting a rate of 100 percent. This was so because the respondents were semi-supervised and the researcher, along with the research assistants was able to collect all the questionnaires after completion. Additionally, 32 online responses were gathered from the online survey. Out of the 32, 12 questionnaires had significant portions of the questionnaire unanswered and were therefore, discarded from the analysis. In total, 150 responses were analysed in this present study. The findings were presented in accordance with the specific study objectives on frequency distribution tables, pie charts and other graphs and tables.

The qualitative data consisted of interviews granted by the five creators and/or administers of SMHG. A thematic analysis was carried out and the findings presented under themes generated and presented according to study objectives.
RESULTS FROM SURVEY

4.1 Demographic of respondents

Table 4 presents the socio-demographic characteristics of the respondents. Out of 150 responses gathered, 87 (58.38%) were females and 62 (41.62%) were males. As shown in Table 4, 33.3 percent of the respondents were aged between 18 to 23 years and 52 percent of respondents were between the ages of 24 to 29 years. In addition, 13.3 percent of the respondents were between the ages of 30 to 41, while 1.4 percent was either 42 years or above.

Most of the respondents had tertiary level education, accounting for 40.13 percent of those surveyed. This group was followed by JSS/JSS and Middle school level respondents who accounted for 25.17 percent of respondents. Primary and SHS/SSS/Voc/Technical school level respondent accounted for 12.93 percent and 21.77 percent respectively. In terms of occupation, most of the respondents were in formal employ (51%) while self-employed respondents made up 26.8 percent of the data gathered. Students made up another 12.8 percent of the data and unemployed individuals made up 9.4 percent. The highest income group recorded was made up of those who earned up to GHC 1000, representing 29.9 percent of the respondents. They were followed by those who earned up to GHC2000 monthly with 24.3 percent. Respondents earning between GHC 3000 to GHC 4000 made up 12.5 percent of those surveyed while those earning GHC 4000 and higher were 13.9 percent of those surveyed. The group with the least respondents was those who earned below GHC 500 which accounted for 9.4 percent of the response gathered.
### Table 4: Demographic of the respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (n=149)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>87</td>
<td>58.38</td>
</tr>
<tr>
<td>Male</td>
<td>62</td>
<td>41.62</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>149</td>
<td>100</td>
</tr>
<tr>
<td><strong>Age (n=150)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-23</td>
<td>50</td>
<td>33.3</td>
</tr>
<tr>
<td>24-29</td>
<td>78</td>
<td>52.0</td>
</tr>
<tr>
<td>30-41</td>
<td>20</td>
<td>13.3</td>
</tr>
<tr>
<td>42+</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>150</td>
<td>100</td>
</tr>
<tr>
<td><strong>Educational Background (n=147)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No formal education</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Primary school</td>
<td>19</td>
<td>12.93</td>
</tr>
<tr>
<td>JHS/JSS/Middle Sch.</td>
<td>37</td>
<td>25.17</td>
</tr>
<tr>
<td>SHS/SSS/Voc/Tech. Sch.</td>
<td>32</td>
<td>21.77</td>
</tr>
<tr>
<td>Tertiary</td>
<td>59</td>
<td>40.13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>147</td>
<td>100</td>
</tr>
<tr>
<td><strong>Occupational Background (n=149)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>19</td>
<td>12.8</td>
</tr>
<tr>
<td>Unemployed</td>
<td>14</td>
<td>9.4</td>
</tr>
<tr>
<td>Self-employed</td>
<td>40</td>
<td>26.8</td>
</tr>
<tr>
<td>Other (Employed)</td>
<td>76</td>
<td>51.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>149</td>
<td>100</td>
</tr>
</tbody>
</table>
### Income Level per Month (n=144)

<table>
<thead>
<tr>
<th>Income Level per Month</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 500</td>
<td>28</td>
<td>19.4</td>
</tr>
<tr>
<td>Up to 1000</td>
<td>43</td>
<td>29.9</td>
</tr>
<tr>
<td>Up to 2000</td>
<td>35</td>
<td>24.3</td>
</tr>
<tr>
<td>3000-4000</td>
<td>18</td>
<td>12.5</td>
</tr>
<tr>
<td>4000+</td>
<td>20</td>
<td>13.9</td>
</tr>
<tr>
<td>Total</td>
<td>144</td>
<td>100</td>
</tr>
</tbody>
</table>

---

4.2 Joining SMHGs and the Gratifications Sought

This section reports findings on the two social media applications used in the present study. The section also provides information on how long respondents have belonged to their various SMHGs as well as how they got to know about the platforms they belong to.

#### 4.2.1 Membership of Facebook and SMHGs

As seen in Table 5 below, 145(97.97%) of the respondents belong to Facebook. However, two respondents did not indicate whether or not they belonged to the Facebook application. Data on belonging to SMHGs on Facebook indicate that 146(97.98%) respondents belong to health groups on Facebook. This finding does not tally with the portion of the table that shows belonging to Facebook because one respondent who did not indicate Facebook membership proceeded to specify belonging to a SMHG on the platform.
Table 5: Membership of Facebook and SMHGs

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facebook User</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>145</td>
<td>96.7</td>
<td>96.7</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>2.0</td>
<td>98.7</td>
</tr>
<tr>
<td>Missing Data</td>
<td>2</td>
<td>1.3</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>150</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td><strong>Facebook SMHG Member</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>146</td>
<td>97.3</td>
<td>97.3</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>2.0</td>
<td>99.3</td>
</tr>
<tr>
<td>Missing Data</td>
<td>1</td>
<td>0.7</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>150</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>
4.2.2 Membership on Instagram and SMHGs

As seen in Table 6 below, 121 (80.7%) respondents belong to Instagram. Out of the 121 respondents who belong to Instagram, only 63 (42.0%) of them belonged to SMHGs on the platform. On the other hand, 85 (56.7%) respondents did not belong to SMHGS on Instagram. This shows that most of the respondents surveyed are on both Facebook and Instagram application but while most use SMHGs on Facebook, few do so on Instagram.

Table 6: Membership on Instagram and SMHGs

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instagram User</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>121</td>
<td>80.7</td>
<td>80.7</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>18.0</td>
<td>98.7</td>
</tr>
<tr>
<td>Missing Data</td>
<td>2</td>
<td>1.30</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Instagram SMHG Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>63</td>
<td>42.0</td>
<td>42.0</td>
</tr>
<tr>
<td>No</td>
<td>85</td>
<td>56.7</td>
<td>98.7</td>
</tr>
<tr>
<td>Missing Data</td>
<td>2</td>
<td>1.30</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>
From the data gathered on membership in Facebook and Instagram, as well as membership in SMHGs on these platforms, it was found that some of the respondents belonged to SMHGs on both Facebook and Instagram. Instagram showed the least SMHG membership with a 42 percent of the sample.

4.3 SMHG Membership

Table 7 presents findings on the different SMHGs that respondents belong to. From the data collected, 46 respondents belong to Ketogenic lifestyle Ghana, 36 belong to Fitnessmotivation, 22 belonged to Obolodiaries, 15 belong to Obaaya_89fit, 12 belonged to fitspiration and 11 belong to Fitfam.

Table 7: SMHG Membership

<table>
<thead>
<tr>
<th>Variable (SMHG)</th>
<th>Number of members</th>
</tr>
</thead>
<tbody>
<tr>
<td>#fitspiration</td>
<td>12</td>
</tr>
<tr>
<td>#Ketogenic lifestyle Ghana</td>
<td>46</td>
</tr>
<tr>
<td>#obolodiaries</td>
<td>22</td>
</tr>
<tr>
<td>#obaayaa_89fit</td>
<td>15</td>
</tr>
<tr>
<td>#Fitfam</td>
<td>11</td>
</tr>
<tr>
<td>#fitnessmotivation</td>
<td>36</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>150</strong></td>
</tr>
</tbody>
</table>
4.4 Number of years in SMHGs

As indicated in Table 8, duration of membership within the different SMHGs varied greatly. Findings suggest various years for which respondents have been part of their SMHGs. Out of the 150 respondents surveyed, 22 respondents have belonged to Ketogenic Lifestyle Ghana for less than a year while 24 of them have belonged to the same group for between one to three years. Obolodiaries had six respondents who have been a part of the group for between three to five years. Please see Table 8 below.

Table 8: Years in SMHGs

<table>
<thead>
<tr>
<th>Variables (SMHGs)</th>
<th>Less than 1 year</th>
<th>1-3</th>
<th>3-5</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitspiration</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ketogenic lifestyle Ghana</td>
<td>22</td>
<td>24</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Obolodiaries</td>
<td>5</td>
<td>11</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Obaayaa_89fit</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fitfam</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fitnessmotivation</td>
<td>19</td>
<td>17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>74</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Percentage (%)</td>
<td>42.6</td>
<td>50.0</td>
<td>5.4</td>
<td>2.0</td>
</tr>
</tbody>
</table>

4.5 Sources of Knowledge about SMHG

The study found out how respondents got to know of the existence of the various SMHG that they belong to. The respondents indicated four (4) sources of their knowledge as seen in Figure 1 below. Most respondents (n=77; 51.3%) discovered the groups themselves. They indicated that
they chanced on the group while surfing the internet. Other respondents specified that they were informed by their friends about the existence of the SMHG, this accounted for 21.33 percent of those surveyed. Additionally, 22(14.67%) revealed that they were tagged on social media while a few of the respondents (n=19; 12.67%), knew the person(s) who created the groups they belonged to and therefore, attributed knowledge of the group to the creator.

**Figure 1: Sources of Knowledge about SMHG**

- 51.33% Chanced on it while surfing the internet
- 21.33% Informed by a friend
- 14.67% I was tagged on social media
- 12.67% I know the creator of such a group
4.6 Participation in SMHGs

The study sought to find out how often respondents log into their SMHGs and the activities they partake in while within their groups. A five-point Likert scale was used to determine their agreement with statements that measured the frequency of access into their SMHGs and the activities they perform within those groups. The results are presented below using histograms.

As seen below in Figure 2, most respondents, representing 49 percent of the data collected strongly agreed that they visited their SMHG pages five or more times a day. Quite a number of the respondents (40%) strongly agreed that they visited their pages three to four times in a day and 33.6 percent of them agreed that they visit their SMHGs once or twice daily.

With regard to what they do within their SMHGs, seen in Figure 3, 57.3 percent of the respondents indicated that they post often in the group pages. 53.3 percent also strongly agreed that they comment on the posts of other members and same was recorded for members who partake in live chats within the groups. 52 percent of the respondents strongly agreed that they participate in group challenges while on the other hand, 52.7 percent strongly agreed that they hardly partake in group conversations.
Figure 2: Frequency of Access

![Frequency of Access Chart]

Figure 3: SMHG's Activities

![SMHG's Activities Chart]
4.7 Gratifications Sought

Respondents were asked to agree to statements to gauge their reasons for joining SMHGs. Each statement represented an individual construct in order to identify multiple gratifications for SMHG use. Respondents were allowed to choose multiple reasons for membership in their SMHGs. The most stated reason from the data gathered was the need to find out where to get diet approved food items with 49 percent of the respondents agreeing to this statement. Following this, respondents (44%) strongly agreed that they wanted to keep being motivated to exercise. The need to broaden diet plan options accounted for 42.7 percent agreement from those surveyed and 42 percent indicated that they wanted to see exercises that are successful. This is seen in Table 9 below.

On the other hand, the highest disagreement recorded was 27.3 percent where respondents disagreed that their reasons for joining a SMHG was to maintain their weight. This was followed by 14 percent of respondents who specified that they disagreed that they wanted to lose weight.

Respondents (n=52; 34.7%) agreed that they wanted to lose weight. Additionally, 53(35.3%) agreed that they wanted assistance or guidance to their diet plan. 49(32.7%) respondents agreed that they wanted to find out where to get diet approved food items. Agreement was indicated by 52(34.7%) respondents who wanted to partake in fun exercise challenges with people who had the same interests with regards to health promotion. Respondents 61(40.7%) strongly agreed to wanting simple exercise routines that can be done at their convenience.
Table 9: Gratifications Sought

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Missing Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>I wanted to lose weight</td>
<td>23</td>
<td>15.3</td>
<td>52</td>
<td>34.7</td>
<td>28</td>
<td>18.7</td>
</tr>
<tr>
<td>I wanted to maintain weight</td>
<td>22</td>
<td>14.7</td>
<td>42</td>
<td>28.0</td>
<td>20</td>
<td>13.3</td>
</tr>
<tr>
<td>I wanted a cheaper way to lose weight</td>
<td>26</td>
<td>17.3</td>
<td>49</td>
<td>32.7</td>
<td>29</td>
<td>19.3</td>
</tr>
<tr>
<td>I wanted assistance or guidance to my diet plan</td>
<td>46</td>
<td>30.7</td>
<td>53</td>
<td>35.3</td>
<td>26</td>
<td>17.3</td>
</tr>
<tr>
<td>I wanted to find out where to get diet approved food items</td>
<td>39</td>
<td>26.0</td>
<td>49</td>
<td>32.7</td>
<td>31</td>
<td>20.7</td>
</tr>
<tr>
<td>I wanted to get motivation to stick to a healthy diet</td>
<td>46</td>
<td>30.7</td>
<td>74</td>
<td>49.3</td>
<td>14</td>
<td>9.3</td>
</tr>
<tr>
<td>I wanted to broaden my diet plan options</td>
<td>56</td>
<td>37.3</td>
<td>64</td>
<td>42.7</td>
<td>16</td>
<td>10.7</td>
</tr>
<tr>
<td>I wanted to see what kinds of exercises are successful</td>
<td>49</td>
<td>32.7</td>
<td>63</td>
<td>42.0</td>
<td>19</td>
<td>12.7</td>
</tr>
<tr>
<td>I wanted simple exercise routines that can be done at my convenience</td>
<td>61</td>
<td>40.7</td>
<td>58</td>
<td>38.7</td>
<td>16</td>
<td>10.7</td>
</tr>
<tr>
<td>I wanted to keep up my motivation to exercise</td>
<td>66</td>
<td>44.0</td>
<td>63</td>
<td>42.0</td>
<td>9</td>
<td>6.0</td>
</tr>
<tr>
<td>I wanted to partake in fun exercise challenges with like-minded people</td>
<td>43</td>
<td>28.7</td>
<td>52</td>
<td>34.7</td>
<td>26</td>
<td>17.3</td>
</tr>
</tbody>
</table>
4.8.1 Self-efficacy to Diet

Data from respondents suggest very low self-efficacy to diet. This is seen in Figure 4 below where 80 percent of the respondents indicate difficulty in resisting instances that may cause them to eat unhealthy foods. Very few (1.3% of respondents) suggest a felt ability to resist consuming unhealthy foods in situations that they may find challenging. On the other hand, 18.7 percent of respondents are unsure about their ability to resist circumstances that cause may cause them to eat unhealthy or break their diet.

**Figure 4: Self-efficacy to Diet**
4.8.2 Self-efficacy to Exercise

Data gathered from respondents suggests a high self-efficacy to exercise. As seen in the histogram below in Figure 5, 73.3 percent of respondents suggest a strong belief in their ability to exercise when faced with difficult situations that may cause them to stop exercising. On the other hand, some respondents (2.0%) indicate very low belief in their ability to exercise when difficult situations arise. There was uncertainty in 24.7 percent of the respondents about their ability to continue their exercise routines even when faced with challenging situations that may cause them to stop exercising.

Figure 5: Self-efficacy to Exercise
4.9 Realization of Goals

This study sought to find out whether the goals that online participation in SMHGs by respondents are realized due to their activity within their SMHGs. Findings are discussed using a pie chart as seen below in Figure 6. The topmost goal respondents indicated they realized was maintaining their weight (16.92% of all respondents). This was followed by the need to lose weight (14.54% of all respondents). Respondents indicated that they took part in diet and exercise challenges like they wanted to and found out where to get diet approved ingredient; accounting for 12.50 percent of all respondents. Respondents (12.33%) specified that they received helpful information on diet and exercise promotion whereas 10.67 percent were able to broaden their diet plan options through membership in SMHGs. In addition, 10.46 percent and 10.08 percent of the respondent got the assistance they wanted and the motivation they needed to achieve their diet and exercise goals.

Figure 6: Realization of Goals
4.10 Factors motivating and demotivating participation in SMHG

This study also sought to find out what factors motivated or demotivated participation SMHGs. Respondents were asked to indicate their agreement with statements using a 5-point Likert scale with 1 being Highly Demotivated (HD), 2 being Demotivated (D), 3 being Indifferent (I), 4 being Motivated (M), and 5 being Highly Motivated (HM).

As seen in Table 10 below, most of the respondents (n=70; 46.7%) indicated that they were highly motivated when the group members comment on their posts; actively shared their posts (n=74; 49.3%); and when diet or exercise challenges are posted on the group page (n=81; 54.0%). They are also highly motivated when people actively partake in group challenges (n=73; 48.7%); others post their work out or diet videos (n=79; 52.7%) and when members willingly help each other within the group (n=72; 48.0%).

On the other hand, the respondents were demotivated when members share their failures (n=46; 30.7%); gave discouraging comments on their post (n=67; 44.7%), left insulting comments beneath their posts (n=66; 44.4%), made fun of peoples posts (n=77; 51.3%) and when posts that seemed doubtful as to whether they could achieve the said goals. They were also highly demotivated when others used the platform to attack other members (n=74; 49.3%).
Table 10: Factors motivating and demotivating participation in SMHG

<table>
<thead>
<tr>
<th>Statements</th>
<th>H.D (n)</th>
<th>(%)</th>
<th>D (n)</th>
<th>(%)</th>
<th>I (n)</th>
<th>(%)</th>
<th>M (n)</th>
<th>(%)</th>
<th>H.M (n)</th>
<th>(%)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>people comment on my posts</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1.3</td>
<td>28</td>
<td>18.7</td>
<td>49</td>
<td>32.7</td>
<td>70</td>
<td>46.7</td>
<td>1</td>
</tr>
<tr>
<td>people actively share posts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>15.3</td>
<td>52</td>
<td>34.9</td>
<td>74</td>
<td>49.3</td>
<td>1</td>
</tr>
<tr>
<td>Diet or exercise challenges are posted in the group</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>6.0</td>
<td>59</td>
<td>39.3</td>
<td>81</td>
<td>54.0</td>
<td>1</td>
</tr>
<tr>
<td>people actively partake in group challenges</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>8.0</td>
<td>63</td>
<td>42.0</td>
<td>73</td>
<td>48.7</td>
<td>2</td>
</tr>
<tr>
<td>people share before and after posts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>6.1</td>
<td>61</td>
<td>40.7</td>
<td>77</td>
<td>51.3</td>
<td>3</td>
</tr>
<tr>
<td>People post their workout or diet videos</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>5.3</td>
<td>62</td>
<td>41.3</td>
<td>79</td>
<td>52.7</td>
<td>1</td>
</tr>
<tr>
<td>People share their failures in the group</td>
<td>15</td>
<td>10.0</td>
<td>46</td>
<td>30.7</td>
<td>41</td>
<td>27.3</td>
<td>22</td>
<td>14.7</td>
<td>25</td>
<td>16.7</td>
<td>1</td>
</tr>
<tr>
<td>people give discouraging comments on your posts</td>
<td>25</td>
<td>16.7</td>
<td>67</td>
<td>44.7</td>
<td>37</td>
<td>24.7</td>
<td>14</td>
<td>9.3</td>
<td>6</td>
<td>4.0</td>
<td>1</td>
</tr>
<tr>
<td>I find comments to be insulting</td>
<td>60</td>
<td>40.0</td>
<td>66</td>
<td>44.0</td>
<td>19</td>
<td>12.7</td>
<td>1</td>
<td>0.7</td>
<td>3</td>
<td>2.0</td>
<td>1</td>
</tr>
<tr>
<td>people use the platform to attack others</td>
<td>74</td>
<td>49.3</td>
<td>65</td>
<td>43.3</td>
<td>8</td>
<td>5.3</td>
<td>1</td>
<td>0.7</td>
<td>1</td>
<td>0.7</td>
<td>1</td>
</tr>
<tr>
<td>people make fun of people’s posts</td>
<td>53</td>
<td>35.3</td>
<td>77</td>
<td>51.3</td>
<td>17</td>
<td>11.3</td>
<td>1</td>
<td>0.7</td>
<td>1</td>
<td>0.7</td>
<td>1</td>
</tr>
<tr>
<td>people willingly help others within the group</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>11.3</td>
<td>59</td>
<td>39.3</td>
<td>72</td>
<td>48.0</td>
<td>2</td>
</tr>
<tr>
<td>posts seem doubtful as to whether they can achieve the intended results</td>
<td>35</td>
<td>23.3</td>
<td>56</td>
<td>37.6</td>
<td>39</td>
<td>26.0</td>
<td>16</td>
<td>10.7</td>
<td>3</td>
<td>2.0</td>
<td>1</td>
</tr>
</tbody>
</table>
RESULTS FROM THE IN-DEPTH INTERVIEWS

The main objective of this study was to explore how social media health groups are being used to promote diet and exercise among Ghanaian Facebook and Instagram users. To that effect, it was important to talk to individuals who have used or are currently using these SMHGs, or have created such groups with the intention of promoting diet and exercise. The identified interviewees were made up of people who have used or currently use their platforms to track their own exercise and diet journeys and those who created the groups with the purpose of providing support and information for individuals who need help on their respective journeys. The aim was to find out whether frequently accessing these SMHGs and being active participants help to achieve diet and exercise goals. Additionally, these interviews helped to identify motivating and demotivating factors to the use of these SMHGs. Findings are reported based on five in-depth interviews, conducted with some creators and/or administrators of SMHGs in Ghana. Four out of the five interviews were conducted via phone call while the last was conducted using WhatsApp messenger. This arrangement was due to challenges having to do with scheduling conflicts, distance and convenience. Interviews conducted via phone calls were recorded with the consent of the respondents and subsequently transcribed. The interview conducted using WhatsApp messenger was copied and saved in Microsoft Word. For the purpose of anonymity, codes were used to label participants of the in-depth interviews. The following are codes for each respondent: R1 (Respondent 1), R2 (Respondent 2), R3 (Respondent 3), R4 (Respondent 4), and R5 (Respondent 5).
4.11 Ghanaian SMHGs

Interviewees were asked why they had set up the SMHGs. The respondents indicated that they created the pages/groups to be accountable to themselves and to track their fitness journey. Another reason given was to create health and fitness awareness and to encourage other people to work out. R5 said,

I started the page to help me be accountable to myself and to share my journey (R5, June 12, 2019)

When asked about the category of people on social media generally and in their SMHGs, respondents indicated that the youth are the most present group on social media. They also said that the youth are those who use the medium to seek health information most, collaborating evidence gathered from the quantitative data.

Three reasons were identified for Facebook and/or Instagram use for health promotion. Firstly, respondents said that since most people use these mediums for various reasons, it was only fitting to do same. R1 said,

At the time I was in Tamale. I was far away from everyone so I thought Facebook was a great way to reach everyone since everyone was on Facebook (R1, June 6, 2019)

R3 also said,

It was the easiest and most convenient way to disperse information to a lot of people at once. (R3, June 12, 2019)
Secondly, features such as video and photo sharing, live videos and others allowed users to have more interactive experiences. According to R4, individuals who follow his group page ask for workout videos to be posted in the group for them to watch and replicate. Finally, respondents said that they used social media because most people, including themselves, spend long hours on the platform for various reasons such as entertainment and health information seeking. This was therefore a reason for creating their health groups on the platform. According to the respondents, since people spend such long hours daily on their social media, there is the opportunity for repeated exposure to information that they posted. R3 said that,

Social media is very effective because a lot of people spend so much time there and the more they see stuff you share, the more they are encouraged to get it done (R3, June 12, 2019)

4.11.1 Growth of SMHGs

Interviewees were asked about how long they have run their respective SMHGs. The responses suggested that SMHGs are fairly recent developments in Ghana. One important thing that was observed was that, even though these respondents have had accounts on Facebook and Instagram for many years, actual use of the group to promote good health started not more than five years ago. R2 for instance indicated that she has been on Instagram for eight years, using her account for entertainment and other personal reasons. According to her, it was just five years ago that she started using the page to promote healthy lifestyles and track her fitness journey. R3 also created
her group in the year 2014; making it five years that she had run the group. The youngest group identified was a little over one-year old.

According to the interviewees, though social media health groups are well known and used in western countries, same cannot be said for Ghana. The use of SMHGs, according to the group creators, is now being adopted by Ghanaians because a lot of information was not available on them previously.

4.12 Gratification sought from Creating the SMHG

Four reasons were identified for the creation of SMHGs by the respondents. The reasons were to create exercise and dietary awareness and sharing information related information, to create a sense of community, to track and ensure accountability on their personal fitness journeys and that of others and for economic gain.

Creating exercise and dietary awareness and sharing related information

According to respondents, a very important reason for the creation of their SMHGs is to create awareness on the need to exercise and observe proper dietary plans. R2 said,

Like when I am posting on the benefits of drinking lime and warm water every morning, I try as much as possible to leave some of the benefits and the recommended time you can do that and many others (R2, June 12, 2019)

R3 also said,
Most of the time I’m post testimonials and health tips like keep pushing yourself to start, getting more activities, going get a checkup done, not serving yourself too much food and you know those kind of things that are simple and easy to follow (R3, June 12, 2019)

Respondents also indicated that they post different types of health information such as how to portion food to avoid overeating, exercise routines for beginners and other information needed by members. According to the interviewees, getting answers to health related questions is important in health behaviour change.

Additionally, by relying on the features provided by Facebook and Instagram, creators of these groups post videos, pictures and comments on their pages to make fitness fun and less daunting. R2 for instance uses humorous posts to educate members on how to live healthier lives and to keep the group environment light and friendly.

Creating a sense of Community

Some respondents saw the need to get people connected to information that may help them to be healthy. For instance, R5 stated that,

I just wanted a page where I could share information and connect to people. You know, people who are interested in checking health information … And also to help create a sense of community (R5, June 12, 2019)

According to the respondents, having multiple people following you to see the actions being taken to ensure that their dietary and exercises are met, pushes you to stick to the fitness plan. To
them, it serves as motivation which prompts them, followers, to do same in order to achieve results.

**Tracking and ensuring accountability**

According to the respondents, they are able to stay accountable to themselves because of their SMHG. R2 was of the view that by prepping and posting her meals on her page, she is able to be responsible because she is forced to avoid junk food. She said,

> I realized that when you let people know that this is what you are doing, you don’t even want to find yourself in an unhealthy restaurant. Once you are on Instagram telling people this is what you eat, this is what you do, you can’t be found sitting in KFC chewing chicken or eating anyhow, you understand. So it helps me honestly, because I feel like people are looking at you and so you need to live up to what you post (R2, June 12, 2019)

Respondents expressed that Facebook and Instagram allows them to track their fitness journey because the applications store all posts that are shared. Posts are stored, together with the dates they were posted, how many views the post attracted, the “Likes” the post received and comments from people. This data base allows the respondents to access a record of what may or may not be working for them and what changes they can see among other things.
Financial Benefits of SMHGs

Some respondents explained that they have in one way or the other, gained some economic benefits from running SMHGs. Though an economic motive may not necessarily be the primary intention for creating SMHGs, it appears to be an unintended effect of creating these groups. Respondents indicated that some members seek direct help from administrators and they have been able to turn their needs into business. R1 for instance started an online store that sells dieting approved food ingredients. R2 also started producing and selling organic cold pressed juices that help manage weight. She said,

> When I started this whole fitness thing, people started showing interest in what I do so sometimes they would say, “oh can you do this thing for me?” And they are stuffs I do for myself so when they come and ask “oh I want some, how much will you charge me?” I realized that a lot of people want it so I was like let me just turn it into a business because people are showing interest in it. They are demanding for it so what are you waiting for? So that’s when I started NUTRIACE (R2, June 12, 2019)

4.13 Resolve to Diet and Exercise

Two things were suggested by the respondents in relation to the SMHGs participant’s resolve to diet and exercise. Firstly, they explained that the resolve to diet or exercise maybe influenced by the frequency of posts by the creators of SMHGs. However, they also said that at most, they can motivate you and push you to act but that is all they can really do. Secondly, they explained that
commitment on the part of the group members also plays an important role in inducing self-efficacy (resolve) to diet and exercise. According to R5,

The frequency with which the person checks in depends on how active the group is. And then how committed they themselves are with their health needs. If the person is really committed they will come back and interact with you. They may say that I tried this and it worked for me or it didn’t work for me, that kind of thing you know. And you will have the people who are just there in the group, they will check and read and will not do anything (R5, June 12, 2019)

According to the respondents, although they may provide the support, information and guidance that people need to be fit, it all bores down to how committed they are to put what they learn or see into action.

4.14 Participation and Realization of Goals

All five respondents said it is important for people in SMHGs to be active within their groups. According to them, posting videos, messages, pictures and taking part in live conversations helps to maintain focus among members. When asked how often they post in their SMHGs, four of the respondents indicate that they post every day. On the other hand, one respondent said that he posts often but cannot ensure that he does so every day as he trains people offline. R 1 said that he posted multiple times a day unless he is offline. According to him, posting often helps to stay focused and encourages members to do same.
According to the respondents, participation had a bearing on the realization of goals. Four respondents were of the view that when members of the SMHGs actively participate in the group activities and apply the information receive, they stand the chance in achieving their fitness goals. R1 and R3 said that personally, they have lost some weight and are still in the process of losing more while R2 and R5 have lost and are maintaining their new, healthy weight. R4 on the other hand said that being active on SMHGs only will not entirely help in weight management and health promotion. He added that offline interactions with health and fitness experts are necessary to manage weight and other exercise and diet related conditions. He said that,

Though social media is helping, when you give attention to only social media for fitness, you will definitely give up (R4, June 19, 2014)

4.15 Factors facilitating SMHG participation

To participate in SMHGs, respondent said that constant communication, success stories that can be proven, and credibility were motivating factors for members.

Constant communication

For some respondents, continuous communication within the SMHG is vital in maintaining the relationship between administrators and members and also for keeping members motivated to keep healthy. According to them, constant communication with members of the SMHGs ensures that nobody feels alone in their journey and posting often or being very active ensures that. Additionally, they were of the view that interested people should also communicate with the
group creators so that there can be mutual understanding of content posted. Also it affords creators the opportunity to directly encourage members to stay focused. R3 said that, if interested people do not regularly reach out to her through commenting and direct messages, she is unable to encourage them on a personal level. Two respondents also indicated that they preferred to move communication from Facebook and/or Instagram to WhatsApp messenger or offline. According to them, using Facebook or Instagram is the first step to building a more solid communication channel. A respondent said,

I don’t really communicate on IG (INSTAGRAM) because it is usually done in the comment section and a lot of other people see it as well. Some people may not be okay with this and so after we get connected through IG, we exchange contacts and then we continue through WhatsApp. So IG is just a step to the friendship that we build then we take it from there (R4, June 19, 2019)

Proof of success stories

In the respondents’ view, proof that people are actually achieving their various fitness goals by being active in their SMHGs encourages more people to follow them. According to R1 who extensively documents his weight loss journey on his SMHG, seeing his struggles and successes greatly encourages people to equally try their best regardless of the difficulties involved. Another respondent also said,

They know my background, they’ve seen my results. Personally, I have lost twenty pounds and I’ve been able to keep it off. I have also been able help people to do the same thing. People want special proof. They want to know that you’ve been able to do it. They want proof that you’ve helped people to do it. And if
you’ve helped people to do it, then they want to know how you helped people to do it. That’s why people pick this group (R5, June 12, 2019)

Credibility

According to some respondents, people are largely worried about information sources. R5 explained that it is important to share information that is accurate because people apply what is shared in the SMHGs and as these posts are health related, care must be taken. She added that sharing trustworthy information attracts more people to follow and participate in the group. She said,

People are most interested in credible source of information. In my case, people know me to be an alternative medicine practitioner and so they trust me. And it is mainly because of this that people follow and join my group (R5, June 12, 2019)

Another respondent (R1) said that he posts almost everything he does on his fitness journey in his page. He added that because people are watching and applying what he does, he ensures that he posts all things, failures and successes. This, according to him, builds peoples trust in him and motivates them to do same. According to him, if what you post is unrealistic or doesn’t work, people will know or find out.
4.16 Factors Impeding Participation in SMHGs

Three main demotivating factors were discovered for using SMHGs from the respondents. They were a lack of focus and consistency, no regulations and lack of privacy.

Lack of focus and consistency

Some respondents explained that a lack of focus deters participation in the groups. They also added that when group administrators are not consistent in posting within the group, members may unfollow due to the limited interaction. R3 said,

> What will deter people from contributing is if there is no focus and there is no consistency. Like today you will post something and no one hears from you in a week or two. Tomorrow you post personal issues and tomorrow you post on health. That will let people not take you seriously. (R3, June 12, 2019)

Contrarily, R2, a group creator, was of the opinion that the page is her personal property and she reserves the right to post and share what she wants at any time. According to her, she occasionally posts personal pictures that have nothing to do with health and does not think that should deter followers.
Strictness

Some respondents suggested that being strict sometimes demotivates people from participating in SMHGs. According to R1, some people may misbehave on the page by making fun of people and posts on the group. He explained that when he becomes strict in order to restore order, perpetrators of the offensive act tend to unfollow the group. He said,

Being very stern and not pampering anyone can cause people to unfollow but in the same way, it causes some people to stay because it shows them how serious the page is (R1, June 8, 2019)

R5 also said that it was important to reprimand people who misbehave in the group as it ensures seriousness and fairness.

Lack of privacy

Another challenge inhibiting participation in SMHGs as noted by some of the respondents is the issue of privacy. According to the respondents, because it is difficult to ensure privacy and security of personal information, some participants are reluctant to share their issues, success stories or achievements openly. A respondent said that,

Some people do not like social media; they don’t want to put their information out there. Because of this, they come to you in private and show you the impacts you’ve had in their lives (R2, June 12, 2019)
4.17 Chapter summary

Findings of the study were presented in this chapter using descriptive statistics and thematic analysis for the quantitative and qualitative aspects respectively. Questions were posed to find out who joins SMHGs and what gratifications they seek by their participation and membership within their groups. Additionally this study sought to discover whether being frequent accessors or actively partaking in group activities led to the realization of goals. Also, member’s self-efficacy to diet and exercise was measured. Finally, motivating and demotivating factors were explored for membership in SMHGs.

The quantitative study revealed, among other things, that self-efficacy to diet was low while self-efficacy to exercise was high. From the responses collected from the study sample, more females than males belonged to SMHGs in on Facebook and Instagram. Findings from the qualitative aspect also showed that SMHGs have economic value for creators. Also, some creators felt that SMHGs are useful in promoting healthy lifestyles group members which was confirmed by respondents who suggest that they have achieved various diet and exercise goals based on their membership in SMHGs.
CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

The goal of this study was to examine how social media-based health groups are being used to promote diet and exercise on Facebook and Instagram. The first objective was to discover who joins SMHGs and the gratifications they seek. Secondly, the study sought to ascertain if belonging to SMHGs induce self-efficacy to diet and exercise. Thirdly, the study explored whether accessing and actively participating in SMHGs support the realization of diet and exercise related goals. And finally, the study found out what factors facilitate or impede individual’s participation in SMHGs.

This chapter presents a discussion of the findings of the research, organized around the research questions and objectives. The findings were discussed in relation to previous literature and the theoretical framework which underpinned the study. This was done in order to make the findings meaningful.

5.1 Who joins SMHGs and what gratifications do they seek?

Studies on social networking sites and their use for health information seeking suggests that more females and younger people are more prone to using the medium for various health related needs (Thackeray, Crookston & West, 2013; Chou et al, 2009; Bidmon & Terlutter, 2015). This is not unexpected because it is these same classifications are those most likely to use social
networking sites in general. This is consistent with findings from this present study that younger audiences use SMHGs on Facebook and Instagram.

Additionally, though not by a huge margin, this study found that females are more present within such online health groups than males. A study by Bidmon and Terlutter, (2015) suggest that more females than males go in search of health information online than men, thus corroborating findings from this study. On the contrary, Mo, Malik and Coulson (2009) suggest that gender differences in online health-related support groups that have mixed-genders are less evident.

The second part of this objective sought to uncover the gratifications sought through participation in SMHGs. A number of gratifications were identified in the study. Key among them was the need for motivation to exercise. This is not surprising as much of literature had indicated this (Mustafa & Hamzah, 2011; Chou et al., 2009).

As suggested in the interviews with creators of SMHGs, one of the main reasons for people joining or following their pages was that they want to be motivated to diet and exercise. This corroborated in the survey data. This suggests that one of the main reasons for people following such groups is to receive encouragement and healthy stimulation to exercise. Aside the respondent’s quest for encouragement or motivation to exercise, they also sought, as shown by the quantitative data, to have access to routine exercises. This is made possible on Facebook and Instagram because these applications automatically store posts from members on the platforms which can be accessed where ever and whenever members need it. This is consistent with Ball, Bauman, Leslie and Owen’s (2001) findings that convenience is an important correlate of walking for exercise among urban Australians.
The first objective of the study was to find out those who join social media health groups and to also find out the gratifications they seek. As observed by Colineau and Paris (2010), people join online health communities mainly because they are seeking health information about their medical conditions. According to findings from their study, the need to receive perceived social support and the likelihood of being understood by their peers was also a motivating factor for joining these groups. In this study, it was found that people joined SMHGs in order to receive health related information on how to achieve diet and exercise related goals and also to receive social support, thereby corroborating the findings from the previously mentioned study.

In relation to diet, the present study found that many people (37.3% of the respondents) used the applications as a means to broaden their diet plan options. The issue is that a large portion of our meals are made of high carbohydrate foods like rice, cassava, maize etc. A study by Galbete et al. (2017) found that in Ghana, the main food consumed by people was concentrated in starchy foods and animal-based products. With the high carbohydrate content in our foods, it is not surprising that individuals who wish to eat healthier or lose weight have fewer and limited options in terms of what to eat and how to eat. This present study found that, indeed people use SMHGs to discover other food options and meal plans that are being used by others in the health promotion process. Creators of the groups also confirmed that they post what to eat and ways to ensure portion control for members to see, thereby providing the opportunity for them to replicate posts they are interested in.

Additionally, Colineau and Paris’s (2010) found that an important reason for people using online health platforms is the opportunity it offers for establishing emotional distance when discussing personal health issues. According to their study, emotional distancing helps put individuals at
ease and allows them to discuss their health issues and objectively have helpful discussions with peers and experts as opposed to holding these conversations with family. On some level, their finding clarifies the findings from the present study. This is because social media, in this case Facebook and Instagram allow users to create identities for themselves which may or may not be related to their real selves. This feature affords them the ease to partake and discuss their personal health needs with people without fear or hesitation, creating the emotional distance that Colineau and Paris indicated in their study.

Generally, internet access has made it relatively easy to access all manner of information online leading to people spending more and more time in virtual spaces for various reasons. Among the reasons for time spent online is health information seeking on websites, social media applications, and health institution pages among others. In the United States, it is recorded that 31 percent of adults use their phones to look for health information (Fox & Duggan, 2013). With the ease associated with the use of new technology along with the availability of internet services, it is not surprising that this current study found that a large number of people go online to view and/or share health-related information regularly. The U&G theory explains that individuals seek out specific media that can fulfill certain needs or gratifications that they have, be it purposeful or habitual (Hiniker, Patel, Kohno & Kientz, 2016). With the features that Facebook and Instagram offer like image sharing, video sharing, live feeds and stories among others, it is understandable that this medium has been adopted by individuals to promote diet and exercise behaviour. Some of the needs identified for individuals seeking media in the form of social media health groups are to receive information, being an established gratification in media use, to get social support and to also offer that support to others.
5.2 Perceived self-efficacy to diet and exercise among users of SMHGs

According to Bandura (1997), people have beliefs about their capabilities to produce certain results that they desire. This is their “perceived self-efficacy” (Bandura 1997). These self-efficacy beliefs are determinants of the way these people behave, feel, and motivate themselves. Bandura (1997) indicated that mastery experiences, observing others, social persuasions and influence are strong influences on individual’s self-efficacy.

In the light of this, the study sought to ascertain the self-efficacy levels of the users of SMHGs. Findings from the quantitative data indicates that 80 percent of member’s belief in their capacity to resist unhealthy foods in difficult situations is significantly low. This was contrary to their belief in their ability to exercise when faced with difficult situations. This is to say that, even though the SMHG platforms provide the basis for observing successful actions of others, gathering mastery experiences and being influenced with regards to dieting and exercising, views of respondents on their own ability to succeed at a given task is divided. Qualitative data on self-efficacy to exercise indicated that 73.3 percent of these same respondents have significantly high resolve to exercise. This finding then only partially corroborates Steve and Ilgen’s (2006) study that found that high self-efficacy levels were recorded among people who partake in group support for health.

5.3 Does an individual’s participation in SMHGs support the realization of goals?

A study by Scarnati (2001), suggests a positive link between working together in groups that have common health promotion interests and successful health behaviour change. According to
the study, working together collectively towards shared goals, increase chances of success as opposed to doing same alone. Responses from the in-depth interviews suggest that while social media creates the social space for collective effort, relying on the medium alone may not be entirely effective. The respondents were of the view that some members have difficulty sticking to fitness plans and online activity alone cannot sustain their efforts. According to R3, physical contact with that individual will be more helpful to them to enable the attainment of goals. R4 also said,

If a person is not serious, you will give up if you use social media only. You need somebody who tells you you can do it or keep it up. You have a long way to go if you do only social media (R4, June 19, 2019)

Another respondent also shared the view that although support may be available online, being lazy in effecting changes offline causes many members to fail in their fitness goals. Ultimately, this study found that though participation is very important in helping members stay on track with their fitness routines, physical contact with other people who share the same interests or experts can also be beneficial to people who find it difficult to focus and stay on course.

With regard to the realization of intended goals, quantitative data from this study found that respondents join SMHGs with certain gratifications in mind and have, by participating in their groups activities, achieved those desired goals. All respondents indicated having varied gratifications met with the majority, 16.92 percent, having maintained their desired weights since joining their respective SMHGs. As this is a quantitative study, one difficulty with this finding is that, although respondents report having these gratifications met, it does not actually provide evidence of whether actual goals have been met.
5.4 How frequently do members access their SMHGs?

Data from the present study suggests that respondents have an almost routine need to access their phones to seek information relating to diet and exercise. Participants vary when it comes to how often they log into their various SMHGs. However, each respondent visits their groups no less than once or twice on a daily basis. With the frequency of their access into these groups, they are open to direct and continual social or environmental influences within their groups. According to SCT, behaviour change occurs when individuals are exposed to certain traits and opportunities. For instance, when members of such online health groups see other members perform certain behaviours that they want to perform themselves and do so successfully, they then determine that they too can do same. This is called behavioural capability and this opportunity is amplified when they log into their SMHGs routinely. Additionally, like the SCT posits, learning by observation is a very important step in behaviour change and this is evident in the present study. When members of SMHGs observe the actions being undertaken by other members of their groups or by group creators, they begin to model their behaviours and this paves way for the success of their respective diet and exercise related goals. By frequently accessing these groups, members of SMHGs expose themselves to the needed models that can influence their behaviour change and likewise allows them to be models for others to learn from.

A study by Asibey, Agyeman and Dankwah (2017) found that 78.3 percent of sampled young adults used the internet daily so seek health information. In this study, findings indicate that people log into their Facebook and Instagram health groups daily, which corroborates the findings of the previous study on accessing health information online. This daily need to acquire health information implies that the medium is useful in reaching audiences who want their health
related needs met. Furthermore, respondents suggest that within their normal daily internet usage, they visit their health groups more than once while others indicated that they do so more than five times within a day. According to respondents from the qualitative interviews, frequently accessing information or assistance within these online health groups helps in achieving diet and exercise goals because frequent exposure to the needed information helps to remind users of their goals. Accordingly, the interviewees affirmed that they share informational and interactive posts daily to ensure adherence to healthy behaviour among members, which has proven helpful in their personal journeys. Additionally, they indicated that posting frequently does not only keep their followers informed on what to do to achieve their goals but it also keeps the groups lively and interactive. This is contrary to what Im and Huh (2017) found in their study. According to Im and Huh (2017), frequent exposure to health information in mass media was negatively related to accuracy of patient’s beliefs about the benefits of their medications and their adherence to it.

5.5 Factors that motivate and demotivate participants

SCT explains that reinforcement from the environment in which the individual finds him/herself is a very important element in behaviour change. Reinforcement may be negative or positive and both have a play in whether or not an individual successfully adopts a change in behaviour or not. Negative reinforcement, as seen in this present study may come in the form of insults, rude comments on member posts or many more which have demotivating effects on participation within SMHGs. On the contrary, positive reinforcement like social support, motivation from other members and seeing others progress successfully can lead to motivating effects among
users. A number of factors were found in this study to be responsible for motivating respondents to participate in the activities within their SMHGs. 46.7 percent of the members were motivated by positive comments received from other members when they post. Aside from this, 49.3 percent were encouraged by posts being actively shared on the group pages. Other motivating factors workout videos or diet videos posted by other members of their groups. These factors support adherence to behaviour change and may also lead to undertaking healthy behaviour change.

Some factors that demotivated the respondents from partaking in the activities of social media health groups were identified. 49.3 percent had concerns with being discouraged, insulted and attacked by comments from other members. Again, 51.3 percent were not motivated when people made fun of other people’s posts on the group. In addition, posts that seem unbelievable with regards to results attained by certain actions claimed by members did not motivate respondents. All these and more are instances of negative reinforcement which may cause members to desist from participating in SMHGs.

Data from the qualitative part of the study indicated that privacy is a strong determinant of user activity within the group. This finding is supported by Springer et al, (2015) and Domingo (2010) who suggested that privacy is a major concern that may hamper people’s use of social media for health. These demotivating factors may be regarded as reasons preventing the continuous participation of some of the members.
5.6 Economic value of SMHGs

From in-depth interviews conducted, this study found that social media health groups have become sources for generating income for the creator/administrators of such groups. The findings indicate that aside from being motivated by the desire to help people exercise and maintain healthy diets, there are economic benefits that accrue to those who create these groups and which, perhaps, help sustain them online. From the interviews held, it was noted that one creator of a SMHG provides a one-stop online shop for diet approved foods like work-out accessories and keto compliant baked foods. Another respondent produces cold pressed fruit juices for weight management while one sells weight loss tea and also provides coaching on how to keep off weight. Also one group SMHG creator provides fitness training for interested people. By reaching out to these people, access to guidance and, as it seems, products and services, is also enabled in order for them to achieve their health objectives. This suggests that these online health platforms or SMHGs are mediums through which revenue can be generated by health institutions and health communicators.

5.7 Chapter summary

The findings of the study were discussed in this chapter in relation to the objectives of the study, theories and related studies. Generally, the reason why people join SMHGs is to be motivated to exercise or lose weight, have broader dietary plan options or to find out where to get approved foods for dieting purposes. Additionally, though members who seek to exercise have high self-efficacy levels, their self-efficacy to diet is low. Also, findings from the survey suggested that following frequent access and participation in SMHGs, members of SMHGs are able to realize
their goals. This was only partially supported by the qualitative data where some respondents indicate that physical or offline interactions are needed to fully achieve the needed fitness goal. Quantitative findings also suggested that when members share posts on the page, they are motivated to also participate. On the contrary, insults and negative comments demotivate them from participating.

Overall, respondents suggest a positive outcome from their membership in SMHGs. The achievement of their various goals may be attributed to how frequently they access their SMHG platforms, their participation in the activities within the group and finally, to the various motivating factors identified by this study. This finding indicates that social media may offer the space to acquire a wide range of information on health, specifically in the area of dieting and exercising.
CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This study examined how individuals use social media health groups to promote dieting and exercising. This chapter presents the summary of the findings made, limitations encountered in conducting this study, recommendations for future research and conclusions based on the findings of the current study.

6.1 Summary of key findings

The findings showed that most people who join SMHGs are young people and that they were mostly females; a finding that supports previous studies regardless of context. However the study found that educational level and employment status was not a major factor for determining membership in SMHGs.

Secondly, although SMHGs are recent developments, being less than ten years in Ghana between Facebook and Instagram, there were more people in SMHGs on Facebook than on Instagram based on the data gathered.

Thirdly, in terms of the gratifications, findings from the quantitative part of this study showed that respondents had their gratification met. This was linked to their reasons for using social media for health. According to respondents, they have been able to lose weight and acquired information on where to access diet approved foods. Aside this, the study also found that
respondents received motivation to exercise and diet through these SMHGs just as they wanted. This finding confirms previous U&G studies which argue that social media use offers different gratifications based on the user’s needs. Additionally, the study found that these SMHGs provided the needed information on how to promote healthy lifestyles; which is a key suggestion from the U&G theory. Information seeking is a gratification that has evolved through the various media developments and social media is not an exception.

Fourthly, the study also found that respondents had low self-efficacy to diet while their self-efficacy to exercise was high. This finding only partially confirms what literature on sources of self-efficacy and how group activity may induce self-efficacy. In effect, the self-efficacy was not unanimously evident in respondents with regards to diet and exercise although these SMHGs provide the needed influences to enable its inducement. This finding only partially confirms previous studies on self-efficacy suggesting that the environment and other cognitive factors may lead to the inducement of highly efficacious beliefs. On the other hand, it may also have no effect of an individual’s efficacy levels.

Fifthly, it was also found that participation in SMHGs has become somewhat characteristic of members. Findings from this study showed that members of SMHGs were found to log onto their group pages at least twice daily while a fairly significant number did so five or more times a day. While repeated access is established in this study, qualitative data showed that presence and online participation alone is not enough to cause the needed exercise and diet behaviour change. Accordingly, it was suggested by some respondents that offline contacts have to be initiated for individuals who cannot enact their desired diet and exercise related change by themselves to acquire the needed help to enable them do so. This varied findings related to the applications use
for health promotion points to the fact that the medium as a health promotion tool is helpful for the online space based on the individual’s ability to fully participate in group activities. It is also useful as a baseline upon which offline interactions and groups can be built for the achieving exercise and diet related goals.

Additionally, this study found that positive comments from other members beneath member posts as well as posting individual fitness journey’s encouraged participation in SMHGs. The posts of other peoples’ before and after images, as well as diet and exercise challenges were also encouraging factors. On the contrary, the study found that demotivating factors include posting insulting, attacking or discouraging comments beneath other people’s post. Also, posts that seem untrustworthy or unrealistic encouraged disbelief and thus demotivated member participation.

The qualitative part of the study also suggests that lack of privacy and security may demotivate participation in SMHGs. This finding suggests that the nature of interactions on these online groups is very important for the medium to be effective. Positive and negative reinforcements are heavy behaviour change influencers.

Finally, some creators of the SMHGs use the medium for business benefits by providing products and services that may help members achieve fitness related goals. It was found that this was not the primary aim of creating SMHGs but an opportunity that arose based on member’s needs. This suggests that people seeking diet and exercise behaviour change require a supply of, not only information, but products and services that can assist in the achievement of their goals.
6.2 Limitations of the study and recommendations for future study

In conducting this study, a number of limitations were encountered. The first limitation of the study was that, as a result of time and budget constraints, the study focused on only two social media applications out of the many applications actively used in Ghana. This made it impossible to generalize the findings to other social media platforms such as WhatsApp, YouTube and others. It is therefore recommended that future studies should broaden the scope to include other social media forms such as WhatsApp and YouTube. This will offer some insight into how these other social media applications and their platforms can or possibly are being used to promote healthy behaviour. This will offer insight into whether or not other social media platforms, other than those studied, may have different findings based on their peculiar features.

The second limitation of the study was the challenge in obtaining relevant literature on how African countries use social media for health promotion, especially relating to diet and exercise. Although a large variety of studies exist from other parts of the world on social media use for health promotion, it was very difficult to find scholarly literature originating from Africa. This unfortunately made it difficult for the researcher to draw on, and relate findings of this current study to others from the same continent.

It is practical that studies, such as this one, on social media use for diet and exercise promotion should recruit participants through an online survey. However, online responses from the quantitative data were slow and most questionnaires returned incomplete. This made it difficult to collect data directly from the SMHGs, causing a need to supplement the online data with offline data. Clearly, online or web surveys are not always patronized, with a response rates being as low as 11 percent compared to other survey methods Yan and Fan (2010). I therefore
recommend that future studies adopt a face-to-face approach or set up a data base of confirmed users from whom to collect the required information.

It is recommended that researchers take up the task of investigating and updating scholarship on social media use for health promotion in Africa as there appears to be a dearth of studies on the subject even though increasingly, Africans are using social media to promote and sustain health.

Future studies should also broaden the sample to collect a wider range of data on the ways different social media platforms are being used to promote dieting and exercise as a larger sample may provide richer insight.

In addition, future studies should consider conducting an experiment to examine more directly, how social media applications and platforms are used to promote individuals’ behaviour towards healthy lifestyles like exercising and dieting and other health related issues. A comparative study can also be conducted to examine face-to-face or offline support for health behaviour promotion and online based support.

Furthermore, the health promotion industry should consider conducting additional research on the usefulness of social media to enable them make effective use of the medium for health intervention.

Finally, health communicators should consider using social media applications like Facebook and Instagram in their service delivery as these applications act as self-management tools which to an extent may be more cost-effective or easy to use in a developing country like Ghana.
6.4 Conclusion

This study examined how individuals use the Instagram and Facebook applications to promote dieting and exercising. It also looked at the gratifications they sought and examined their self-efficacy levels as members of these social media health groups. A survey of 150 SMHG members and in-depth interviews with five creators of SMHGs were undertaken to achieve the aims of the study. The study was guided by questions such as why people join SMHGs, the resolve (self-efficacy) of SMHG members towards diet and exercise and if frequent access and participation in SMHGs supports the achievement of diet and exercise related goals. And finally, the study explored the factors that can motivate or demotivate participation in SMHGs.

The findings showed that most participants join SMHGs to either maintain or lose weight, to have access to dietary plans and approved ingredients and also, to be motivated to exercise and diet. The study also found that respondents have higher self-efficacy to exercise as compared to self-efficacy to diet.

Respondents are motivated to participate in SMHGs when positive comments are made on posts or when members actively share information within the groups but are demotivated when insulted or attacked on the group page. Frequent activity within the group, according to interviewees enables the achievement of goals.

The qualitative aspect of this study showed that most SMHGs were created with the intention of sharing individual fitness journeys and to assure that they are accountable in the process. They also wanted to raise awareness on the need to be live healthy lives while providing the information others to do same. This shed light on some of the reasons for the creation of
SMHGs. The study also found that some creators of these SMHGs have used the opportunity to provide products and services to interested individuals and by so doing, also benefit financially.

Though this study may not be generalizable, it sheds some light on how social media health groups are being used to promote health in Ghana.
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APPENDIX A

SURVEY QUESTIONNAIRE

Dear Respondent,

My name is Roselena Ahiable, a student of the University of Ghana, undertaking a research project for the award of Master of Philosophy (MPhil) in Communication studies.

I am required to undertake a research, which is part of the academic requirement for completing the course. I am therefore conducting a study on “Participation in social media health groups for exercise and dietary behaviours among Facebook and Instagram Users in Ghana”.

Specifically, the research seeks to examine how the Facebook and Instagram applications are being used to promote diet and exercise through.

I would greatly appreciate it if you would be kind enough to answer the questions as best as you can.

Please note that the information sought is purely for academic purposes only and will be treated with utmost confidentiality and under no circumstances will your identity be revealed.

Should you wish to seek any clarification, please contact me at +233-0245-070916.

Thank you.

Screening Questions

1. Are you a Facebook user?
    Yes [  ]            No [  ]
    If yes, please proceed.

2. Are you a member of a Social Media Health Group (SMHG) on Facebook?
    Yes [  ]            No [  ]
    If yes, please proceed.

3. Are you an Instagram user?
    Yes [  ]            No [  ]
    If yes, please proceed.
4. Are you a member of a Social Media Health Group (SMHG) on Instagram? If yes, please proceed.

*If your response to questions 1 and 2 and/or 3 and 4 was Yes, please proceed.*

### Section A: Demographic Data of Respondent

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Educational Background</th>
<th>Occupational Background</th>
<th>Income Level per Month GHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>18–23</td>
<td>No formal education</td>
<td>Student</td>
<td>Below 500</td>
</tr>
<tr>
<td>Female</td>
<td>24–29</td>
<td>Primary school</td>
<td>Unemployed</td>
<td>Up to 1000</td>
</tr>
<tr>
<td></td>
<td>30–41</td>
<td>JHS/JSS/Middle Sch.</td>
<td>Self-employed</td>
<td>Up to 2000</td>
</tr>
<tr>
<td></td>
<td>42+</td>
<td>SHS/SSS/Voc./Tech. Sch.</td>
<td>Other</td>
<td>3000-4000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tertiary</td>
<td></td>
<td>4000+</td>
</tr>
</tbody>
</table>

### Section B: Joining SMHG

<table>
<thead>
<tr>
<th>Question/Statement</th>
<th>OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate the name of the SMHG you belong to or follow</td>
<td>#fitspiration [ ]</td>
</tr>
<tr>
<td></td>
<td>#Ketogenic lifestyle Ghana [ ]</td>
</tr>
<tr>
<td></td>
<td>#obolodiaries [ ]</td>
</tr>
<tr>
<td></td>
<td>#obaayaa_89fit [ ]</td>
</tr>
<tr>
<td>#Fitfam</td>
<td>[ ]</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----</td>
</tr>
<tr>
<td>#fitnessmotivation</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other</td>
<td>____________ [please indicate]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I have been a member for …….. Years</th>
<th>Below 1 year [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 – 3 [ ]</td>
</tr>
<tr>
<td></td>
<td>3– 5 [ ]</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How did you get to know about the group?</th>
<th>Informed by a friend [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chanced on it while surfing the internet [ ]</td>
</tr>
<tr>
<td></td>
<td>I was tagged on social media [ ]</td>
</tr>
<tr>
<td></td>
<td>I know the creator of such a group [ ]</td>
</tr>
<tr>
<td></td>
<td>Other ____________ [please indicate]</td>
</tr>
</tbody>
</table>

**Section C: Conditions and Gratification Sought**

Using a five-point (1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree and 5= strongly disagree), indicate your level of agreement with the following statements on why you joined a SMHG. *Please mark (√) the appropriate box to indicate your response by completing the following statement*

**I joined this SMHG because…..**

118
### Statement

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wanted to lose weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted to maintain weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted a cheaper way to lose weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted assistance or guidance to my diet plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted to find out where to get diet approved food items</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted to get motivation to stick to a healthy diet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted to broaden my diet plan options</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted to see what kinds of exercises are successful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted simple exercise routines that can be done at my convenience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted to keep up my motivation to exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted to partake in fun exercise challenges with like-minded people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please indicate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D: Resolving to Diet and Exercise

This first part of this section explores the conditions under which you find it easy or difficult to follow on your dieting resolve. Using the space indicated ‘…’ in the preamble, select I, 2 or 3 from the scale below to indicate your choice relative to the situation described.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very difficult</td>
<td>Neutral</td>
<td>Very easy</td>
</tr>
</tbody>
</table>
Since joining SMHGs, I find it … to continue with my dieting when

1. Feeling restless or bored
2. Preparing meals for others
3. Eating at a restaurant alone
4. Very hungry
5. Depressed
6. I want to sit back and enjoy food
7. A lot of high fat food is available in the house
8. I feel like celebrating with others
9. Someone offers you high fat foods
10. I feel a strong urge to eat foods high in fat that you like
11. I am entertaining visitors
12. Eating out with others and they are ordering high fat meals
13. At parties where a lot of appetizing high fat food is served
14. I have to prepare your own meals

This second part of this section explores the conditions under which you find it easy or difficult to follow on your exercising resolve. Using the space indicated ‘…’ in the preamble, select 1, 2 or 3 from the scale above to indicate your choice relative to the situation described.

Since joining SMHGs, I can exercise even ….

15. When I am feeling tired
16. When I am feeling under pressure from work
17. During bad weather
18. After recovering from an injury that caused me to stop exercising
19. During or after experiencing personal problems
20. When I am feeling depressed
21. When I have too much work to do at home
22. When there are other interesting things to do
23. If I don’t reach my exercise goals
Section E: Participation and Realisation of Goals

Using the space indicated ‘…’ in the preamble, select your level of agreement with the following statements relative to the situation described.

1 = strongly agree  2 = agree  3 = neutral  4 = disagree  5 = strongly disagree

Please mark (√) the appropriate box to indicate your response.

Since joining this SMHG...

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I visit the group page 1-2 times a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I visit the group page 3- 4 times a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I visit the group page more than 5 times a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I comment often on the page</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I post often on the page</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I participate in live chats in the group</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I take part in group challenges</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I hardly participate in the group conversations and activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I have lost weight
I have maintained my weight
I get a lot of helpful information on dieting and exercising
I receive assistance and guidance for my diet and/or exercise plan
I found out where to get diet approved ingredients
I receive constant motivation to stick to a healthy diet and/or to exercise
My diet plan options have broadened
I partake in diet and/or exercise challenges with like-minded people

Other [please indicate]

<table>
<thead>
<tr>
<th>Statements</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel…when people comment on my posts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>people actively share posts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet or exercise challenges are posted in the group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>people actively partake in group challenges</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>people share before and after posts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People post their work out or diet videos</td>
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<tr>
<td>People share their failures in the group</td>
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<td></td>
</tr>
<tr>
<td>people give discouraging comments on your posts</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I find comments to be insulting</td>
<td></td>
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</tr>
<tr>
<td>people use the platform to attack others</td>
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<td></td>
</tr>
<tr>
<td>people make fun of people’s posts</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>people willingly help others within the group</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>posts seem doubtful as to whether they can achieve the intended results</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other [please indicate]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***NB: Screening questions were removed from the questionnaires for online respondents. This is because the survey link was posted directly on social media health groups and individuals within these groups were eligible to respond.***
APPENDIX B

Interview guide (for group creators and administrators)

Dear Respondent,

My name is Roselena Ahiable, a student of the University of Ghana, undertaking a research project for the award of Master of Philosophy (MPhil) in Communication studies.

I am required to undertake a research, which is part of the academic requirement for completing the course. I am therefore conducting a study on “Participation in social media health groups for exercise and dietary behaviours among Facebook and Instagram Users in Ghana”.

Specifically, the research seeks to examine how the Facebook and Instagram applications are being used to promote diet and exercise through.

I would greatly appreciate it if you would be kind enough to answer the questions as best as you can.

Please note that the information sought is purely for academic purposes only and will be treated with utmost confidentiality and under no circumstances will your identity be revealed.

Should you wish to seek any clarification, please contact me at +233-0245-070916.

Thank you.

1. What is the name of your group and when did you create it?

2. Why did you create this health group?

3. How did you attract people to join the group?

4. From experience what are some of the reasons people ask to join?

5. How would you describe member relations or the general environment in the group?

6. How frequently do you or other members post in the group and what kind of posts are they?
7. What in your opinion are some of the reasons people refrain from actively participating in the group?

8. What in your opinion are some reasons people are motivated to participate in the group?

9. What do you do to get people to be more active?

10. How do you strive to help members achieve their various goals?

11. In what ways do you think that being more active in the group is beneficial for your members?

12. How will you describe an active member of your group?

13. On a normal day, how often do you visit the page to see what is going on, post is or to do other things?

14. Why do people leave or stay in the group?

15. Do you have group rules? If yes, what are some of them?

16. Do members follow the rules? If not, how do you handle rule breakers?

17. What changes or achievements have you observed in yourself or in members since creating the group, with regards to dieting or exercising?

18. Anything to add?

19. Any questions?

Section B (Personal Information)

1. Gender
2. Age
3. Occupation
4. Income
5. Educational Background