

## AN INVESTIGATION OF PEER-TO-PEER ONLINE HEALTH COMMUNICATION: PERSPECTIVES OF PAKISTANI ADOLESCENT GIRLS

**Faiza Muneeb**

Lecturer, Department of Media & Communication Studies,  
Karakoram International University, Gilgit  
[faiza.munib@kiu.edu.pk](mailto:faiza.munib@kiu.edu.pk)

**Akber Ali**

Head of Department, Media & Communication Studies,  
Karakoram International University, Gilgit  
[akber.ali@kiu.edu.pk](mailto:akber.ali@kiu.edu.pk)

**Sana Mehmood**

Visiting Lecturer, Department of Sociology & Anthropology,  
Karakoram International University, Gilgit  
[sanaraja310@gmail.com](mailto:sanaraja310@gmail.com)

### ABSTRACT

*Online communication has already replaced the traditional means of communications as it offers a great platform for boys and girls to have discussions on various topics including health issues. The objectives of the study were to examine the peer-to-peer online communication about the healthy lifestyle of Pakistani teenage girls. The study was qualitative in nature, which investigates experiences and reasons for using online tools by Pakistani teenage girls for discussing healthy lifestyles. For this purpose, (10) semi-structured interviews of Pakistani teenage girls were conducted. The results revealed that physical and mental health is positively affected by sharing experiences with online peers. Obtaining information, getting emotional support, sharing, and exchanging personal health problems and issues using online communication proved to be beneficial for teenage Pakistani girls. However, evaluation of positive results of online peer to peer communication on health-related topics is still attainable. One of the reasons for Pakistani teenage girls to seek a healthy lifestyle online is cultural barriers, expensive medical treatments, not consulting nutritionists, and unavailability of medical centers in Pakistan. Having a greater amount of discussion with the peer's online, emotional support, trust, self-esteem extensively related to Pakistani girl's perception. A positive environment and eminence of social and emotional support through online groups can yield good results on the health of an individual.*

**Keyword:** Online Communication, Health, Teen Age Girls, Pakistan, Mental Health

### INTRODUCTION

Noticeably, media selection by youth is changing as they have a variety of choices. However, the internet has attained a valuable place in the lives of adolescents. Therefore, the medium of communication has switched to online communication, which is quicker, efficient, and more reliable. But, excessive usage of the internet has brought multiple dimensions to communication (Gross, 2004). Some researchers (Nesi et al., 2021; Fan and Yuan, 2018; Bessière et al., 2006; Michikyan, 2018; Keles, McCrae, & Grealish, 2020) argue that online communication causes depression, loneliness, and it causes weak real-life relations, while others consider it as a source of information and amusement at the same time (Papacharissi & Rubin, 2000; García, Ayala, & Catalina, 2013; Lenhart, 2015).

Adolescence is the age of emotional, physical, and psychological changes. They adopt new means to get information via the internet, mobile, etc. Moreover, adolescence is the stage of life where a person faces a different kind of challenges and problems. Adolescents have to encounter health problems in areas like drug addiction, tobacco, alcohol, sexuality, obesity, physical exercise, and diet. Any risky behaviors in these areas can be alarming for a healthy adolescent. So, presenting healthy adolescent choices is the best way to improve adolescents' health (Ozer, Park, Paul, Brindis,

& Irwin Jr, 2003; Qidwa & Ashfaq, 2010). Nevertheless, it is a fact, that online communication offers a great platform for boys and girls to have discussions on various topics including health issues. According to Ybarra and Suman (2006), eight out of ten Americans search for health-related information on the internet. However, women are more likely involved in health-related activities (Beech & Whittaker, 2001) because they want to look better and improve their physical outlook. Therefore, they incline to health-related forums and communicate with others (Meyers-Levy, 1988), which is peer to peer communication. Because, to discuss similar health issues, adolescents gather virtually or online to share their experiences, seeking quires, and to give or provide health-related support and help to each other. Being an Islamic society, Pakistani adolescents differ from others because they have different cultural, religious, and social backgrounds and education. Similarly, because of varying characteristics, adolescents of Europe or Latin America are different from the adolescents of Pakistan, which is one of 7 countries of South Asia and Asia. Similarly, with respect to diet, (Ritchie et al., 2007) illustrates that 12% of white teenage girls as compared to black teenage girls consume high number of fruits, no fats grains, intake dairy and vegetables, and few numbers of sweets, junk, and oily foods are consumed by them, which resulted in them to a loss of waist fat. There are many methods to investigate the use of social media to discuss personal health issues via peer to peer online communication. However, this study is qualitative, which investigates experiences and reasons for using online tools by Pakistani teenage girls for discussing healthy lifestyles. There is little research done considering the usage and empowering effects with the reference of social support through peer-to-peer online communication on teenage girls regarding their healthy lifestyle. In order to fill up this research gap, peer-to-peer online health communication from the perspectives of Pakistani adolescent girls is carried out. There may be different reasons for every individual to go-to an online health platform but in Pakistani society, the hardship of expressing the inner self in front of others in a physical environment other than online social network groups is easier. Moreover, they feel more relaxed in sharing their health-related secrets with social friends or individuals on online social networks.

### **OBJECTIVES OF THE STUDY**

Obesity and overweight among young girls are leading them to low self-esteem and other psychological problems. It seems that there is a huge gap between online communication, mal practices, and negative attitudes towards health communication. Although they are educated, but due to lack of updated knowledge, they are more prone towards traditional mode of communication. Following are the research objectives of the study.

1. To analyze the teenage girl's online seeking health lifestyle techniques.
2. To examine what types of social support they get through peer-to-peer online communication.
3. To identify the benefits of health-related peer to peer online communication.

### **REVIEW OF LITERATURE**

Peer-to-peer online health communication gives the opportunity to people to approach a platform of similar concern to ask queries and to give emotional support. Eunhee and Kwon (2018) explains that mostly adolescents use internet to get information, however, there are some variations in adolescents' perceptions regarding online health communication for example, Eysenbach, Powell, Englesakis, Rizo, & Stern, (2004) in their study explain health-related virtual communities and online communication by doing a systematic review of the effects of peer to peer interaction. They have concluded that numerous studies with peer to peer components have been conducted. However, only a few studies evaluated the effects of peer to peer group individually. According to them, nine studies dealt with weight loss and healthy body weight interventions along with peer to peer elements, but with non-significant outcomes in one study that online support group even found a notably smaller weight loss than face to face group (Eysenbach, Powell, Englesakis, Rizo, & Stern, 2004).

### **Online Health Communication of Adolescent**

Social network sites have replaced by traditional mediums of communication (Döveling, 2014). However, there are different tendencies regarding the use of these social networks in teenagers. According to Lenhart et al. (2010), 95% of teenage children in the age bracket of 14-17 go online to

use the internet. There are different interests of teens while going online; 31% of teens go online to get information about health, dieting, and physical fitness, while 17% go online to gather information about health issues. In current times, Facebook is one of the famous and widely used online social networks among teenagers. Nevertheless, in Pakistan, Facebook is also becoming a necessary online tool for teenagers. According to (Khan, Adnan, Hussain, Afzal, & Gilani, 2015), 49.3% say Facebook is their favorite social medium, 49.7% of teenagers spend 30-60 minutes on Facebook, 48.6% use monthly packages to use Facebook, 49.8% use it for information, and 43.80% of teenagers stated that Facebook has become necessary for teenagers. (Thompson, Crook, Love, Macpherson, & Johnson, 2015) describes that online health communication is useful for expressing negative emotions and discussion; it seems less risky than face to face discussion. However, according to (Livingstone, 2008) teenagers use social network sites to share their personal ideas, to build closeness with other peers through online communication. While (Ángeles&Vico, 2014) illustrates that social support attained from online health communication makes women more confident and less anxious. The majority of girls feel more loved and consoled after sharing their problems.

A teenage girl who uses any social network expects to get a great level of social support to bring positivity in her life from her peers and some of the teens claim the same. Winett et al., (1999) asserts that the 'Eat4Life' program for teenage girls was really effective in a manner that they were able to decrease the amount of regular soda in their daily eating habits and more emphasis was on the usage of a healthy diet i.e. regular meals intake of vegetables, fruits, and fibers in their food habits. However, the study was not able to find out whether it was helpful for teenagers in order to decrease the number of high-fat foods from their healthy lifestyle. Now a day's, obesity is a big issue to be dealt with. Research conducted by Schwartz & Richardson, (2014) illustrates that overweight college students are aware of their unhealthy eating habits and poor health. They are not satisfied with their weight and they want to lose weight, so they seek the internet for getting health-related information. Another related study by Voelker et al., (2015) says that teenage girls seem to be satisfied with their appearance if their weight is reduced. They are more conscious of their body and healthy habits as per the mass media set criteria of being slim or smart.

### **Role of Internet in Social Support**

Haas, Irr, Jennings, & Wagner, (2010) illustrates Internet has given a great deal of opportunity to the individuals to communicate globally prior to geographical restrictions., they get more social support, shared identity and same bond in accepting one's other failures and boost others through advices, by giving inspirations to continue their struggle to make themselves thinner through these online communities (Antheunis et al., 2014). Moreover, they feel if they are part of a particular larger community, there is a lot of possibility for more people they can seek for suggestions and talk about their personal issues. Furthermore, Lim. et al., (2013) explores that adolescents like to express their feelings through Facebook rather than face-to-face interaction. As far as online participation in online social platforms is concerned, girls are found to be more dominating on the blogs and social network as compared to boys (Madden & Zickuhr, 2011). Relatively, this assumption is supported by explaining that teenage girls consider the internet as a more valuable source to get information regarding health-related topics i.e. on diet nutrition and exercise information than boys (Borzekowski & Rickert, 2001). One of the similar study conducted by Suzuki and Calzo, (2004) investigated the content of two "Teen Issues" bulletin boards which are found on a famous health support website. The aim was to learn about the various types of health, sexuality. In addition, association queries that teenagers choose to ask their peers through online communication and the kinds of advice and support that they receive from such platforms. Based on the findings of one website, it is clear adolescent use bulletin boards dynamically for the purpose of asking various sensitive questions online. Furthermore, adolescents receive different responses from their peers are very useful with their personal views, advices, suggestions, and accurate information, and most importantly full of emotional support (Suzuki & Calzo, 2004).

### **Social support and Empowerment**

Social support and anxiety can be found in theoretical and empirical work on the impact of support on individual health and wellbeing (Cobb, 1976; Cohen & Syme, 1985). There are different opinions among scholars about the definition of social support. However, (Cohen, 1992) proposed three

classified support concepts; social network, perceived social support, and supportive behaviors. According to his proposed classified concepts, “social networks” refer to the structure of social relationships the existence, quantity, and types of relationships. Perceived social support refers to the function of social relationships-the perception of social relationships will (if necessary) provide resources such as emotional support or information. Finally, supportive behaviors refer to the mobilization and receipt of behaviors intended to aid persons in the face of stressful events (Cohen, 1992, p. 109). In addition, a recent comprehensive definition of social support is given by Thoits (2010) which refers to “emotional, informational, or practical assistance from significant others, such as family members, friends, or coworkers; (and that) support actually may be received from others or simply perceived to be available when needed” (Thoits, 2010, p.46). Thus, social support appears from extensive help by others; in the form of informational, emotional, material support shared by the giver and the receiver (Nurullah, 2012).

Few studies regarding social support suggest that it can have a greater impact on personal well-being. For example, Knoll and Schwarzer (2002) demonstrated that women who received the maximum level of social support resulted in low level of negative effects on their health and depression, as compared to the men. Furthermore, it is also indicated that women at a young age received a greater level of social support as compared to middle-aged and older women. Additionally, in an investigational study, Siewert and colleagues (2011) illustrate that an abundance level of emotional support is positively associated with a higher level of personal well-being, while a low level of support is more related to the lower well-being of a person. Similarly, J. Cohen (2011) suggested that participants indicated lower levels of support received from online as compared to face-to-face associations. She explains that emotional support is definitely related to a positive effect on health related quality of life, while emotional support received online is merely positively allied with positive revision coping.

Health literature has generally focused on measuring the individual facet of empowerment with individual notions like self-efficacy and self-esteem highlighting significantly. Psychological empowerment is sometimes also called individual empowerment which is associated with a number of characteristics that are required for an individual’s personal ability to be realized. This consists of fostering people’s confidence, enhancing their self-esteem; increasing their personal skills in order to make health-related choices (Woodall, Raine, South, & Warwick-Booth, 2010). Individual empowerment means having a sense of control over their lives. The study informs us that this ‘sense of control’ is chiefly essential, as it has a direct effect on enhancing and recovering an individual’s mental and physical health (Wallerstein, 1992; Koelen & Lindström, 2005). Thus, empowerment is a wide phenomenon that deals with not only gaining personal skills, nevertheless it also deals with the communities reducing structural hurdles by establishing change via different partnerships, membership, and joint action (Wallerstein, 2006). Laverack (2006) in a study explained that people do have a greater possibility of attaining their wellbeing aims if they can communicate or take part in discussion with other individuals who are already influenced by the identical conditions. Therefore, “Social support is generally accepted as an important determinant of and as having a beneficial effect on health, both at home or in the community; for example, people can better cope with stressful events by sharing problems and this can lead to empowerment.” (Laverack, 2006, p.115)

## **METHODOLOGY**

In this qualitative research, ten semi-structured interviews were carried out. They were selected because they were useful in investigating the perceptions of the participants about any sensitive problem (Louise Barriball & While, 1994). For recruiting the participants, a group named “Diet 66 group” was selected. The reason for choosing this platform is that *firstly*, this group was very active. *Secondly*, the content of the group was quite suitable to this particular research topic and *thirdly*, this platform represents all key points of desired queries. The sample size of this study consisted of ten Pakistani teenage girls aged 13-19 from all around the world who use the internet and active member of the above-mentioned group. In this study, theoretical sampling of Marshall (1996) is adopted, which defines as “the process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them in order to develop his theory as it emerges” (Glaser, 1978, p.30). Moreover, handwritten transcripts (Urdu Language) are analyzed through qualitative content analysis made by (Mayring, 2002, 2014)

which consists of a bundle of techniques for methodical text analysis. According to (Mayring, 2014) qualitative content analysis includes “systematic quantitative steps of analysis”. The purpose of content analysis is “to provide knowledge and understanding of the phenomenon under study” (Downe-Wamboldt, 1992).

The main ethical implications for this research are truthfulness, respect, privacy, confidentiality, care, and anonymity. All participants were informed that their involvement was voluntary and they can withdraw from the study at any time. Teenagers are usually not open to sharing their problems; however, every effort was made to safeguard the privacy for the comfort of the teenage girls. The researchers acknowledged the sensitivity of privacy by not sharing the intimate revelation by girls using their identity. The researcher asked for verbal and written confirmation to record the interviews at the beginning of every interview session. Most importantly, the researchers in this study took participants, not as a subject but considered them as a valuable human.

## **RESULTS AND DISCUSSION**

In this section results and discussion are discussed under the following headings of the main categories related to the particular topic.

### **The Understanding of Health**

The result shows that Pakistani teenage girls take health as an integral part of their lives. It's not just bound to losing weight but health is another name of physical, mental, and emotional stability. The majority of them acknowledged health as the most important element of human lives. For example, one participant narrated as follow:

*“I am more attracted towards physical fitness and balanced diet, that's why for me health means physical fitness and not mental and physical disease.” (Participant5, 31-34).* As participant 6 says, *“For me, health means that you are not suffering from diseases and you are enjoying your life actively”.* (Participant 6, 44-46). Furthermore, she is concerned to maintain her weight according to her age and height. Similarly, one of the participants mentioned, *“Health means to me is having no disease”.* (Participant 1, 20-21).

### **Reasons for Online communication**

Mostly, Pakistani teenage girls demonstrated that online communication (internet) is used for the information seeking, exchange of information regarding health and other diet plans. In addition, it seems to be more convenient and reachable to the majority of the people who can't afford to travel and bear other expenses. For example, talking about the prospects of online communication in Pakistan, one of the teenage girl states that *“...well sometimes there is no availability of medical centers especially girls don't feel to visit doctors for regular checkups. Online health communication is a good start; a positive revolutionary change that surely helps others particularly girls to talk about their health issues online with their peers and sort out the solutions. It should be encouraged”* (Participant2,294-309).

Girls use the internet for various purposes for example, whenever they have questions and confusions regarding any issue, they either Google it, use search engines, Facebook, visits different websites, or sometimes prefer to consult peers on different forums. One of the participants says *“When I have queries in my mind; I simply Google it or visit other different sites”* (Participant 1,74-75).

When asked about online communication using the internet, most of the participants consider the internet as an important and interesting medium of communication to exchange various updates on different topics. One of the participants says *“I use the internet at least twice a week. I feel it's more important that's why I get online.”*(Participant 3, 78-80). Similarly, another participant explained that *“I am 24/7 available on the internet and search low-calorie recipes, different workouts, yoga, exercises, etc.”.* It is interesting to look at different physical fitness and balanced diets” (Participant 5, 42, 49-50)

They also considered online communication as a source of sharing information. It is demonstrated through interviews that Pakistani girls seem to use virtual communication for the purpose of discussing and talking about their health issues. One of the participants says *“For me, a*

*balanced diet is the most important thing to talk about. I have gone through different hormonal problems which lead to fall of my hair, weakens nails, dull skin and slow down my metabolism, so I ask and talked about on these issues"*(Participant 1,115-121).

Some of the participants see online communication in a positive way as they think it saves time and money. Furthermore, through online communication, health issues can be sorted out easily. One of the participants said *"Health problems can be sorted out through discussion with your peer friends online. I think it's an easy way. It's not possible to go to a nutritionist every day in my busy routine. Furthermore, I don't afford it financially"* (Participant 4, 50-57)

Therefore, from the above-mentioned quotations and experiences of participants, it can be concluded that Pakistani girls get involved in online communication for the exchange of information, sharing their experiences. They think that it is cheap rather than visiting doctors on daily basis, which can cost them. It's easier to have health-related information online by staying at home and clicking on different sites which they feel more reliable. In addition, health issues and diet plans can easily be searched online through different forums, Facebook groups, and various websites.

Participant 9 also mentioned the same issue, *"Our environmental and societal structure is different from American and Chinese people so on the internet I try to find a group of Pakistani girls because they are more similar to me"* (p3, 62-64).

### **Online peer to peer communication**

The results of interviews show that online peer to peer communication is practiced by teenage girls for sharing their experiences, asking various queries, seeking and giving help to peers. Talking about her experience, one of the participants said that *"I also guide and give suggestions to the other members at this platform on various health and diet issues and I do support them as well". We usually talk and discuss with each other on balance and healthy diets'. I think that if one is doing such kind of diets, it's not that much useful. I think teamwork or group work leads to the best results"*(Participant 1, 278-280). Similarly, other teenage girls prefer to share other low-calorie recipes and information regarding diet plans with others peers on this kind of diet forums, while other considered online peer to peer communication more feasible and comfortable as they don't feel ashamed to talk with peers and sometimes even feel better to share their inner feelings with peers as compared to family members, narrated by one of the participants as *"I don't feel ashamed to share my point of view as everyone does. I feel better to share my feelings with them as compared to family and friends and I get useful answers to my queries. I do share my experiences and my knowledge regarding healthy lifestyle with them"* (Participant 3, 44-48). Another participant says, *"I share my experiences with peers; moreover, I share different success stories of other people, motivational videos with them so that they get inspire and follow it as well"* (Participant 5, 109-111). Online peer to peer communication has been seen as a way of asking queries related to health topics as the following quotation demonstrate:

*"...Peers never misguide me, they always give proper guidance on my queries and my information never get leaked. They treat me like their family member"* (Participant 1,141-148). She says, *"Whenever I face issues, peers give me very quick response and they make me calm and relaxed as well"*. (Participant 3, 88-90). The majority of the teenage girls' respondent that they get help from their peers who give time and guidance at various points. Another participant says *"I want that other members to get smart like me so I help them and give advices on diet plans and ask them to follow strictly"*(Participant 1, 107-111). However, one of the girls expressed: *"Sometimes I get the quick response and sometimes people can't able to help as they lack experience so their answer don't help me but that's rarely happens"* (Participant 2,136-139).

### **Social support**

Social support has been divided into two main categories, which are explained as following:

#### **Informational support**

Most of the Pakistani girls describes that they get support in the form of advices, suggestions, information, and guidance from peers via online communication. In addition, it can be seen that they prefer to talk with peers as they consider it as a friendly environment and no one can feel any kind of shy to share their personal problems. For example, *"Peers motivate and reassure me that I can control, and I can stop myself from bad eating habits. They give me useful information and advices on*

*different topics*" (Participant 2, 169-172). Another participant says *"When I post my queries, I get different suggestions from different people, then I pick the best suggestion out of them."*(Participant 1, 183-186). Similarly, one of the participants expressed as *"I feel satisfied when I talk to my peers. They told me what to eat and what to avoid, they also suggest me various foods"* (Participant 4, 62-65). Regarding informational support, mostly, the participants illustrate that when peers posted their pictures regarding their diet, it makes the environment more favorable to work on the diet plans as one of the participants mentions as *"People used to post pictures regarding their breakfast, lunch, and dinner which makes an environment of support to each other"* (Participant 1, 249-255).

However, one of the participant expressed that she gets different kind of information related to weight loss tips, workout links and yoga-related information from peers online. Talking about guidance, some participants expressed that peers give a positive response and give guidelines and help at every step which demonstrates as *"Peers give me their opinions and guidelines which makes it easy to follow eating healthy food and adopt a healthy lifestyle."* (Participant 2, 106-110). They mentioned that peers also give guidelines that how to make healthy food and how to cut down unhealthy food from their routine life. It showed that individuals are influenced by their peers; thus, this kind of informational support can be instrumental in their decision-making process to make choices in terms of healthy life style.

### **Emotional support**

The interviews show that emotional support plays an important role in adopting a healthy lifestyle among Pakistani teenage girls. It can be concluded that emotional support as they get from their online peers in the form of love and care to bolster their sense of self-worth for instance, talking over a health issue or diet plans, giving encouragement, positive feedback, trust and motivation, empathy; such kind of support or assistance give them best results regarding their struggle in adopting healthy life. When asked about the reason for being stick to a particular diet group, one of the participants expressed as follow:

*"I told you that I am more stick to this diet because issues are addressed properly with reliable sources. I do have more trust because whatever they said they discuss with the medical point of view"* (Participant 3,100-105).

Furthermore, she expressed that if someone posts unauthentic material on the page admin deletes the harmful content immediately; in order to maintain authenticity and trust among the group members. Talking about the care and reassurance they get from their peers, another girl illustrates as:

*"When I feel depressed I shared with my peers then I get support in the form of reassurance that 'You can do it' which makes me feel that I am not left out or I am not alone"* (Participant 4, 105-110). Similarly, another girl explains her experience with care as follows:

*"I feel that if these people are giving me support and cares then I have to show them good results"* (Participant 1, 323-326).

*"I was so disappointed with my weight; I was too lazy and felt tiredness every time which made me mentally and physically sick. I thought that I am dumb and can't move in society"* (Participant 3, 183-189). Furthermore, she expressed with these words *"Peers encourage, motivate me, and assist me to keep me out of depression. They discuss with me on daily basis so I realized that I can make this healthy lifestyle possible. Encouragement actually boosts up your way of thinking"* (Participant 3,137-143).

Talking about emotional support in the form of giving hope, relaxation, reducing stress through emotional words is described by one of the participants:

*"They make me feel that I should not lose hope, they shared their own experiences and make me relax emotionally. Every member played their part to help me and try to lessen my stress and make me feel better"* (Participant 4,131-138)

*"When you do diet, you experience empathy if people with the same experience are there with you. You can share anything with them so easily. Siblings never understand this condition; even they tell us to eat instead of making us stop overeating. On this particular group, everyone is going through the same situation, so people usually talk in such an understandable way that you automatically control yourself from eating unhealthy stuff"*(Participant 2, 173-180)

Moreover, it has been indicated that motivation, received among most of the participant in the form of emotional support which illustrates as follows:

*"I saw successful stories and experiences from my peers which make me motivated to work hard as well, I get a lot of motivational support from my peers"*(Participant 5, 13-133).

Therefore, from the above-mentioned findings of the participants, it is concluded that there is great association between social support chiefly emotional supports in relation to psychological health which is more similar to the results of Abraido-Lanza (2004) and Sun et al., (2020) which indicated that emotional support has a direct and positive linkage with the psychological well-being of the person. This study also showed that lessen of depression or stress when they get a greater level of social support (whether it's emotional or informational support). Having a higher amount of a discussion with the peers online, more emotional closeness and build trust, and larger perceived impartiality was extensively related to Pakistani girl's perception that the support provided by their peers through online communication was more effective as similar to the findings of (Baqutayan, 2011; Hauqing, 2018). The findings suggested that an increase in the level of social support leads to support's capability to decrease the stressful effects of life transition from unhealthy eating habits towards healthy eating routine. Depending on the environment and eminence of that support, it can have a direct consequence on health and well-being.

### **Empowerment as a result of social support**

Individually, Pakistani girls seem to be more empowered as a result of the social support they get from their peers through online communication. Most of them rated their self-confidence higher than before they start sharing their views through online communication. This is evident from one of the quotations of participants like *"I saw vibrant changes in my personality like my self-confidence is high. Earlier I used to get embarrassed in front of my family members and friends when I was fat"* (Participant 1,395-399).

Similarly, one of the girls expressed their experience about individual empowerment as following: *"...my frustration vanished as I share my problems with peers, they are the reason now I feel more confident"*(Participant 2,243-248)

Talking about the level of confidence, one more participant added as *"I feel a boost in my confidence level as every dress suits me now and all people in my surroundings praises me. At the moment, all my fears vanish. I can move confidently in society"* (Participant 3, 181-185)

In addition to the confidence level as a result of social support given by peers, one of the participants give credit to the peers and consider their appreciation and compliments makes her feel good and empowered individual as the following quotation proves: *"Now I feel more active mentally, emotionally and physically because of the encouragement, acceptance, and appreciation which I got from my peers. Moreover, I feel high self-esteem in my personality"* (Participant 10, 251-257).

However, one of the Pakistani girls considers the social environment as an important factor for the individual empowerment of the person besides the positive feedback from peers. On the other hand, one of the girls give credit to the will power which they receive from their peers as the following quotation demonstrates: *"I think if a person gets a will power from others through encouragement then he/she can achieve any target so easily"* (Participant 5,146-147).

Some of the girls also mentioned improvement in their personal skills as a result of support, care, and motivation received from their peers through online communication.

*"My multitasking skills have improved and I see very positive changes in my life. I am no longer sad rather a happiest person"* (Participant 6, 279-282).

Most of them felt positive changes in their lives. They can perform every kind of work more efficiently and actively. They don't just feel confident but it can be seen that they are happier and satisfied in their healthy lifestyles.

*"I feel a positive change in my personality and I can do every kind of work in a more active way, and I am conscious about my diet"*(participant 8, 171-174)

Most of the participants believed that their mental and physical health has been improved as a result of online conversation with peers on this particular platform reported positive attitudes about themselves. There were also suggestions in the interviews that such kind of diet and online platform related to the healthy lifestyle are able to promote a process of self-reflection of a person and as a result increase individuals' self-image and confidence level. For example, according to the participants, these online discussions with peers on diet forum aimed to provide teenage girls with the



information, motivation, care, and support to develop their own skills required to live healthier lifestyles. In addition, it can also be seen that knowledge and awareness about the healthy lifestyle have been increased in a number of participants. Moreover, it also makes individuals to have the ability to achieve their health goals if they can take part with other individuals who are affected by similar situations. There is also an evidence that a sense of community can reduce stress and sadness and enhance satisfaction and happiness which make them abstain from unhealthy eating habits and distress environment.

## **CONCLUSION AND FUTURE RESEARCH**

This study suggests that physical and mental health is positively affected by sharing experiences with online peers. Obtaining information, getting emotional support, sharing, and exchanging personal health problems and issues using online communication proved to be beneficial for teenage Pakistani girls. However, evaluation of positive results of online peer to peer communication on health-related topics is still attainable. This study shows that one of the reasons for Pakistani teenage girls to go online to seek a healthy lifestyle is because of cultural barriers, expensive medical treatments, and unavailability of medical centers in Pakistan. In addition, there is no trend of visiting nutritionist, and as well as due to constraints of money, they can't afford to visit doctors for their regular checkups. According to them, the internet is unique because it contains colossal amounts of information with prevailing mechanisms for speedy search and recovery. It enables individuals to have expedient access to health information in the confidentiality of their own houses, at the time they want and for as long as they want. Online peer to peer health communication provides information without any kind of embarrassment and with no need of face-to-face discussion with a doctor.

Furthermore, it is found that Pakistani teenage girls get huge amount of health information through Google and different websites and even sometimes from their peers online. Therefore, it seems likely that these diet groups are perceived as useful and even indispensable to the Pakistani teenage girls who want to lose and follow a healthy lifestyle in a balanced way. Mostly Pakistani teenage girls get social support (in the form of informational and emotional support) through peer-to-peer online communication. Having a higher amount of discussion with the peers online, more emotional closeness and build trust and self-esteem, and larger perceived impartiality, extensively related to Pakistani girl's perception that the support provided by their peers through online communication was more effective. Positive environment and eminence of social and emotional support through multiple forums, online groups, better effects on health and well-being is observed. Online peer to peer health communication is usually seen as experimental information, whereas feedback given by peers is considered more reliable than other family members and friends.

Furthermore, it will be essential to propose such kind of comparative future research that will help us to determine which adolescence will benefit more from online peer to peer health communication, and which may be harmed. Only if we are able to realize individual variations in the usage and effects of online communication then it will be easier to devise interventions that focus on different categories of adolescents. Moreover, such kind of comparative studies on the psychosocial effects of online peer to peer communication among adolescents can benefit from the insights developed in these intervention studies, and these studies can contribute well to future theories of health

## **REFERENCES**

- Ángeles, M.R., & Vico, A. (2014). Perceived Social Support as a Factor of Rural Women's Digital Inclusion in Online Social Networks. *Media Education Reseachr Journal Comunicar*, XXII(43).
- Antheunis, M.L., Schouten, A.P., & Kraemer, E. (2014). The Role of Social Networking Sites in Early Adolescents' Social Lives. *The Journal of Early Adolescence*, 1–24.
- Baqtayan, S. (2011). Stress and social support. *Indian journal of psychological medicine*, 33(1), 29–34.
- BetulKeles, B., McCrae,N & Grealish, A. (2020). A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents. *International Journal of Adolescence and Youth*, 25(1), 79-93,

- Bessière, K., Kiesler, S., Kraut, R., & Boneva, B. (2006). *Longitudinal effects of Internet uses on depressive affect: A social resources approach*. pp1-55.
- Beech, John R., & James W. (2001), "What Is the Female Image Projected by Smoking?" *Psychologia*, 44(3), 230–36.
- Borzekowski, D.G., & Rickert, V.I. (2001). Adolescent cybersurfing for health information: A new resource that crosses barriers. *Archives of Pediatrics & Adolescent Medicine*, 155(7), 813-817.
- Cobb, S. (1976). Social Support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300-314.
- Cohen, S., & Syme, S.L. (1985). *Issues in the study and application of Social Support*. San Francisco: Academic Press.
- Döveling, K. (2014). Emotion regulation in bereavement: searching for and finding emotional support in social network sites. *New Review of Hypermedia and Multimedia*, 21(1-2), 106-122.
- Eysenbach, G., Powell, J., Englesakis, M., Rizo, C., & Stern, A. (2004). *Health related virtual communities and electronic support groups: systematic review of the effects of online peer to peer interactions*, *BMJ (Clinical research ed.)* 328(7449): 1166.  
doi: [10.1136/bmj.328.7449.1166](https://doi.org/10.1136/bmj.328.7449.1166)
- Fan, Q., & Yuan, W. (2018). The correlation between Internet addiction and interpersonal relationship and loneliness among college students. *J. Psychiatr*, 31, 51–53.
- García. A., Ayala, M.C.L.D., & Catalina, B. (2013). The Influence of Social Networks on the Adolescents' Online Practices. *Journal of Media Education*, XXI, 195-204.
- Cornell Empowerment Project. (1989). *Networking ... bulletin empowerment & family support*. Ithaca, N.Y: Cornell University, Cornell Empowerment Group.
- Glaser, B. G. (1978). Theoretical sensitivity: Advances in the methodology of grounded theory. *Sociology Pr*.
- Haas, S.M.I.E., Jennings, N.A., & Wagner, L.M. (2010). Communicating thin: a grounded model of Online Negative Enabling Support Groups in the pro-anorexia movement. *New Media & Society*, 13(1), 40–57.
- Gross, E.F. (2004). Adolescent Internet use: What we expect, what teens report. *Journal of Applied Developmental Psychology*, 25, 633–649.
- Hardon, A., Hodgkin, C., & Fresle, D. (2004). *How to investigate the use of medicines by consumers* (pp. 98). Switzerland: World Health Organization and University of Amsterdam.
- Huaqing, W. (2018). *The Impact of Social Support on Work Stress and Job Burnout*. I-O Psychology.
- Nesi, J.W., Rothenberg, A., Bettis, A.H., Massing-Schaffer, M., Fox, K.A., Telzer, E.H., Lindquist, K.A., & Prinstein, M. (2021) Emotional Responses to Social Media Experiences Among Adolescents: Longitudinal Associations with Depressive Symptoms. *Journal of Clinical Child & Adolescent Psychology*, 23;1-16.
- Khan, A.W., Adnan, M., Hussain, S., Afzal, N., & Gilani, M.F. (2015). Exploring the uses of face book among teenagers in Pakistan. *IJMSS*, 3(1).
- Knoll, N., & Schwarzer, R. (2002). *Gender and age differences in social support: A study of East German migrants*. *Heart disease: Environment, stress and gender*, 198-210.
- Koelen, M.A., & Lindström, B. (2005). Making healthy choices easy choices: the role of empowerment. *European journal of clinical nutrition*, 59, S10-S16.
- Laverack, G. (2006). Improving health outcomes through community empowerment: a review of the literature. *Journal of Health, Population and Nutrition*, 24(1);113-120.
- Lenhart, A. (2015). *Teens, Social Media & Technology Overview 2015*. Washington DC.
- Lim., Sun, S., Chan, Y.H., Vadrevu., & Shobha, I.B. (2013). Managing peer relationships online – Investigating the use of Facebook by juvenile delinquents and youths-at-risk. *Computers in Human Behavior*, 29(1), 8-15.
- Livingstone, S. (2008). Taking risky opportunities in youthful content creation: teenagers' use of social networking sites for intimacy, privacy and self expression. *New media & Society*, 10(3), 393–411.
- Louise Barriball, K., & While, A. (1994).Collecting Data using a semi-structured interview: a discussion paper. *Journal of advanced nursing*, 19(2), 328-335

- Madden, M., & Zickuhr, K. (2011). 65% of online adults use social networking sites Retrieved from <http://www.pewinternet.org/2011/08/26/65-of-online-adults-use-social-networking-sites/>.
- Marshall, M.N. (1996). Sampling for qualitative research. *Family practice*, 13(6), 522-526.
- Mayring, P. (2002). Qualitative Content Analysis. *Qualitative Social Research [On-line Journal]*, 1(2).
- Michikyan, M. (2020) Depression symptoms and negative online disclosure among young adults in college: a mixed-methods approach. *Journal of Mental Health*, 29(4), 392-400.
- Myers-Levy, J. (1988). *Gender Differences in Information Processing: A Selectivity Interpretation,*” In Cafferata, P. & M.Tybout, A. (Eds). *Cognitive and Affective Responses to Advertising*, Lanham, MD: Lexington Books, 219–60.
- Nurullah, A.S. (2012). Received and Provided Social Support: A Review of Current Evidence and Future Directions. *American Journal of Health Studies*, 27(3), 173–188.
- Ozer, E.M., Macdonald, T., & Irwin, C.E., Jr. (2002). *Adolescent health care in the United States: Implications and projections for the new millennium.* In J. T. Mortimer & R. W. Larson (Eds.), *The changing adolescent experience: Societal trends and the transition to adulthood* (pp. 129-174). Cambridge University Press.
- Ozer, E.M., Park, M.J., Paul, T., Brindis, C.D., & Irwin Jr, C.E. (2003). *America’s Adolescents: Are They Healthy?* University of California, San Francisco, National Adolescent Health Information Center.
- Papacharissi, Z., & Rubin, A.M. (2000). Prediction of internet use. *Journal of Broadcasting & Electronic Media*, 44, 175-196.
- Park, E., & Kwon, M. (2018). Health-Related Internet Use by Children and Adolescents: Systematic Review. *Journal of medical Internet research*, 3:20(4). e120. doi: 10.2196/jmir.7731
- Qidwa, W., & Ashfaq, T. (2010). Emerging issues in adolescent healthcare: an urgent call for action. *Journal of the College of Physicians and Surgeons Pakistan*, 20(3), 143-145.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9(1); 1-25.
- Rappaport, J. (1984). Studies in empowerment: Introduction to the issue. *Prevention in Human Services*, 3(2-3) 1-7.
- Ritchie, L.D., Spector, P., Steven, M.J., Schmidt, M.M., Schreiber, G.B., Moore, R.H.S., & Crawford, P.B. (2007). Dietary Patterns in Adolescence Are Related to Adiposity in Young Adulthood in Black and White Females. *The Journal of Nutrition*, 137(2); 399–406.
- Siewert, K., Antoniow, K., Kubiak, T., & Weber, H. (2011).The more the better?The relationship between mismatches in social support and subjective well-being in daily life. *Journal of Health Psychology*. 16(4):621-31.
- Schwartz, J., & Richardson, C.G. (2014). Exploring the potential for internet-based interventions for treatment of overweight and obesity in college students. *Global health promotion*. PED0010.1177/1757975914547546
- Sun J, Sun R, Jiang Y, Chen X, Li Z, et al. (2020) The relationship between psychological health and social support: Evidence from physicians in China. *PLOS ONE*, 15(1):e0228152. doi: 10.1371/journal.pone.0228152
- Suzuki, K.L., & Calzo, P.J. (2004). The search for peer advice in cyberspace: An examination of online teen bulletin boards about health and sexuality. *Journal of Applied Developmental Psychology*, 25(6), 685-698.
- Thompson, C.M., Crook, B., Love, B., Macpherson, C.F., & Johnson, R. (2015). Understanding how adolescents and young adults with cancer talk about needs in online and face-to-face support groups. *Journal of Health Psychology*, 21(11):2636-2646. doi:10.1177/1359105315581515
- Thoits, P. (2010). Stress and Health: Major Findings and Policy Implications. *Journal Of Health And Social Behavior*, 51(1), 41-53.
- Valkenburg, P.M., Schouten, A.P., & Peter, J. (2005). Adolescents’ identity experiments on the internet. *New Media & Society*, 7(3), 383-402.
- Valkenburg, P.M., & Soeters, K. (2001).Children’s positive and negative experiences with the Internet. An Exploratory survey. *Communicated Research*, 28(5), 653-675.

- Voelker, D.K., Reel, J.J., & Greenleaf, C. (2015). Weight status and body image perceptions in adolescents: current perspectives. *Adolescent health, medicine and therapeutics*, 6, 149–158.
- Wallerstein, N. (1992). Powerlessness, empowerment, and health: implications for health promotion programs. *American journal of health promotion*, 6(3), 197-205.
- Wallerstein, N. (2006). *What is the evidence on effectiveness of empowerment to improve health*. WHO Regional Office for Europe's Health Evidence Network (HEN).
- Winett, R.A., Roodman, A.A., Winett, S.G., Bajzek, W., Ronvniak, L.S., & Whiteley, J.A. (1999). The Effects of the Eat4Life Internet-Based Health Behavior Program on the Nutrition and Activity Practices of High School Girls. *Journal of Gender, Culture, and Health*, 4(3).239-254
- Woodall, J., Raine, G., South, J., & Warwick-Booth, L. (2010). *Empowerment & health and well-being: evidence review*. Centre for Health Promotion Research, Leeds Metropolitan University.
- Woods, M. (2011). *Interviewing for research and analysing qualitative data: An overview*. Massey University. Retrieved from: <https://owll.massey.ac.nz/pdf/interviewing-for-research-and-analysing-qualitative-data.pdf>.
- Ybarra, M.L., & Suman, M. (2006). Help seeking behavior and the Internet: A national survey. *International Journal of Medical Informatics*, 75(1), 29–41.