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**Evaluating the Effectiveness of Health Awareness Programs on
Social Media in Changing Health Behaviors among Health
Sector Students in Gaza Strip Universities during the (2023–
Present)**

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تقييم فعالية برامج التوعية الصحية عبر وسائل التواصل الاجتماعي في
تغيير السلوكيات الصحية لدى طلاب القطاع الصحي في جامعات
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إهداء

إلى من خاضت الحياة لأجلي، إلى من غرست في قلبي الحلم وتسقيه بالدعاء لي كل ليلة بأن يسقيني هيبة العلم، ويحقق لي غايتي، وأن يعلمني ما ينفعني وأنفع به غيري، إلى من كانت نور دربي وظلي حين أثقلتني الأيام.

إلى أمي،

إلى الذي أؤمن أنه ينظر إليّ من السماء بفخر ورضا، كل إنجاز أحققه هو امتداد لحبك ودعمك الذي لم ينقطع يوماً، وأدعو الله أن يكون هذا العمل مما يسعدك في مثواك، رحمك الله وجعل الجنة دارك.

إلى روح أبي الطاهرة،

Abstract

With the growing use of social media, it has become clear that these platforms are valuable tools for sharing health messages, especially in times of crisis. In the Gaza Strip, where people are living through a prolonged war from 2023 to 2025, raising health awareness and encouraging behavior change has become more important than ever.

This study aims to evaluate how effective health awareness campaigns on social media are in influencing the health behaviors of university students in health-related fields in Gaza. It also explores the factors that may help or limit the success of these campaigns.

The research uses a quantitative approach, collecting data through a specially designed questionnaire distributed among health students. The questionnaire includes topics such as how often students are exposed to awareness content, their level of health knowledge, their current health behaviors, challenges they face, and basic demographic information.

The study expects to find a meaningful relationship between exposure to social media-based health awareness campaigns and improvements in health knowledge and positive behavior change. It also aims to highlight the major obstacles these programs face in the unique context of Gaza during wartime. The findings will help fill a gap in the literature and offer practical suggestions for health and education institutions to improve awareness strategies for students in conflict-affected areas.

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Chapter (I)

Introduction

Chapter (I)

Introduction

1.1. Background

Various users have increasingly relied on social media for health-related purposes (Zhong, Y., Liu, W., Lee, T., Zhao, H., & Ji, J., 2020). Instead of the conventional one-to-many and personal one-to-one communication, websites like Facebook, Instagram, and Twitter -collectively referred to as social media- allow many-to-many communication (Duggan, M., & Brenner, J., 2012). Social media platforms such as Facebook, Instagram, and Twitter have demonstrated their ability to reach broad segments of the population, making them ideal tools for disseminating health awareness messages (Al-Hammad & Arshidat, 2022).

Despite the continued effectiveness of social media in changing health behavior, there is increasing dependence on these media across the globe, especially in areas facing significant economic, political, and social challenges. According to an academic article on the role of social media during political crises and wars, social media plays a significant role in providing information and raising awareness about the situation during crises. It encourages the public to engage in positive actions (National Committee for Health Education, 2023).

The Gaza Strip, which has endured a prolonged blockade for years, stands out as one of the region's most in need of specialized research due to the dire circumstances faced by its population. The blockade severely restricts the movement of people and goods, including essential medicines and medical equipment, making access to basic healthcare services incredibly difficult. Additionally, the World Health Organization (WHO) has documented hundreds of attacks on healthcare facilities, which have further exacerbated the humanitarian crisis and made it extremely difficult for civilians to access medical services (World Health Organization, 2025).

Also, the high population density in Gaza (UNRWA, 2017) -which is among the highest in the world- means that any disease outbreak could spread rapidly and have devastating consequences. Recent reports issued by UNRWA and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) have highlighted the deteriorating health situation, which has reached catastrophic levels due to damaged healthcare infrastructure, the shutdown of many

facilities, and the closure of crossings preventing the entry of medical supplies, equipment, and specialized personnel (UNRWA, 2025; OCHA, 2025)

social media advertisements have become an important factor in the success of health education, as they provide individuals with information in a way that influences their awareness and health behavior. Awareness is essential for changing individual behavior, and we must work on raising awareness as it represents the first line of defense for our health. This aligns with the well-known saying: “Prevention is better than cure” (Al-Hammad & Arshidat, 2022). For these reasons, prevention is undeniably more effective than cure.

However, due to the difficult conditions in the Gaza Strip -the ongoing genocide, the deterioration of the health situation, and the destruction and closure of many health facilities- this study aims to bridge the knowledge gap by conducting a comprehensive evaluation of the effectiveness of health awareness programs on social media in changing health behaviors among Gaza Strip residents, and to provide practical recommendations for improving these programs in a way that suits the specific context.

1.2.Problem statement

The Gaza Strip is facing an uncommon humanitarian and health crisis, aggravate by the ongoing siege and recurring conflicts, which have led to a severe worsening of the health infrastructure and a shortage of medical resources and specialized personnel (Shorrab et al., 2024) (OCHA, 2025). Under these harsh conditions, disease prevention and the promotion of positive health behaviors are critical to maintaining the health and well-being of the population. With the increasing reliance on social media as a primary source of information and communication, these platforms have emerged as a potential and effective tool for spreading health awareness and preventive interventions (Evans et al., 2022)

Studies have shown that health awareness programs via social media can contribute to increasing health knowledge and changing behaviors in different contexts (Al-Dmour, Salman, & Abuhashesh, 2020) (Gamboa et al., 2019) .However, in the Gaza Strip, individuals face rare challenges, such as internet outages lasting days and difficulty accessing the internet, to the point that some people may travel long distances to reach an internet connection. For these reasons, the effectiveness of awareness programs in this unstable and insecure environment is still not fully understood. The social, political, and economic context in Gaza significantly impacts the reach of health awareness messages and videos, and the ability of individuals to absorb them and adopt these healthy behaviors. Indeed, significant

efforts are being made by humanitarian and health organizations to spread awareness through social media in Gaza, but there is a clear gap in the research literature that quantitatively and systematically evaluates the effectiveness of these programs in changing the health behaviors of the Strip's population. If we look at previous research, the vast majority of it focuses on areas and countries with stable security or uses qualitative methods that do not allow for generalization of results. Therefore, previous studies lack robust and reliable data on the extent to which these programs achieve their goals. Based on the above, the problem of this study is the lack of a comprehensive quantitative assessment of the effectiveness of health awareness programs via social media in changing behaviors in areas with unstable security and recurring wars, such as Gaza Strip, as understanding this activity and identifying the factors influencing it will contribute to developing more targeted and effective health awareness strategies for the population of the Strip in light of the current circumstances and the demolition of the infrastructure.

1.3. Justification of the study

This study is important in several respects, due to the scarcity of context, methodology, and expected results.

- **Scientific Significance:**

Bridging the research gap: Despite the increasing interest in the role of social media in health awareness, there is a lack of quantitative studies commensurate with this context, specifically focused on crises, conflicts, and an unstable environment with destroyed infrastructure, such as the Gaza Strip. This study will fill this knowledge gap through reliable data and results on the impact of social media and health awareness content on awareness and health behaviors among health sector students in universities within the Gaza Strip. Developing the theoretical framework: This study will contribute to enriching the theoretical framework of health behavior change theories in crisis settings by testing these theories in this unstable environment. It will also provide a deeper understanding of the factors that influence the effectiveness of digital health awareness content in such circumstances. Quantitative methodology: This study will rely on a quantitative approach, meaning its results are generalizable and statistically measurable. This will provide basic data for future studies that may be conducted in the same crisis context or for different comparisons.

- **Practical and Applied Importance:**

- **Improving Health Awareness Programs:** This study will provide valuable findings to humanitarian organizations and institutions working in the Gaza Strip, enabling them to design more effective health awareness programs targeting health sector students in universities within the Strip by understanding the factors that enhance or hinder the effectiveness of these programs. The findings will help organizations better allocate resources and achieve maximum impact.
- **Promoting Public Health in the Gaza Strip:** The Gaza Strip suffers from significant health challenges. By identifying health behaviors that can be effectively influenced through social media, this study will contribute to improving the public health of university students in the health sector in the Gaza Strip by increasing awareness of the importance of prevention, reducing the spread of diseases, and improving quality of life.
- **A Model for Future Studies:** These studies could be of great importance for future studies that may address the same topic or areas with similar humanitarian conflicts to those occurring in the Gaza Strip. This could contribute to building a broader knowledge base in this vital field.

- **Social Importance:**

- **Community Empowerment:** By enhancing health awareness among health sector students, and changing their behaviors, this study will contribute to empowering individuals within the Gaza Strip to make informed decisions about their health, enhancing their resilience in the face of health challenges.
- **Responding to urgent needs:** The study addresses the needs of the students in the current and potential future context, given that this region is a humanitarian conflict zone. Access to reliable health information and preventive practices can directly impact their health.

Based on all these justifications, this study is important and not merely an academic addition. Rather, it is essential because it could change the health and lives of individuals for the better by providing evidence-based solutions to a public health problem in a complex humanitarian context.

- **Why were health sector students chosen from among all segments of society for this study:**
 - Because these students have a deep understanding of health concepts, enabling them to understand health content on social media more deeply and evaluate its credibility.
 - University students are among the groups most exposed to social media, particularly health-related students (Alali, 2023), This makes them an ideal sample for this study.
 - In the future, these students will be the next generation responsible for providing health care and community awareness. Therefore, understanding their health behaviors and exposure to awareness programs can provide valuable insights for developing future health strategies.
 - Health sector students are an informed and important segment of Gazan society, as their responses reflect broader societal trends regarding health awareness and behaviors, given their specialization. They may not only receive information but also analyze it and assess its applicability.

1.4.Purpose of study

The primary purpose of this study is to evaluate the effectiveness of health awareness programs delivered through social media platforms (e.g., Facebook, Instagram, and TikTok) in changing health behaviors among health sector students in universities within the Gaza Strip.

1.5.Specific objective

1. To identify the effectiveness of using health content on social media to improve awareness and reduce disease among health sector students in universities within the Gaza Strip.
2. This study aims to determine the level of exposure of health sector students in Gaza Strip universities to health awareness programs disseminated via social media platforms.
3. To assess the extent to which health sector students adopt the behaviors recommended on social media.
4. To identify the barriers facing health sector students in accessing health content via social media.

5. To understand whether exposure to health content on social media leads to increased health literacy among health sector students.
6. To determine whether the knowledge gained translates into changes in health behaviors on the ground among health sector students.
7. To determine which age groups among health sector students are most exposed to and affected by this health content.

1.6. Research question

1. What is the effectiveness of using health content on social media to improve awareness and reduce disease among health sector students in the Gaza Strip?
2. What is the level of exposure of health sector students in the Gaza Strip to health awareness programs disseminated via social media platforms?
3. How do health sector students in the Gaza Strip adopt the behaviors recommended on social media?
4. What are the barriers facing health sector students in accessing health content via social media?
5. How does exposure to health content on social media lead to increased health literacy among health sector students?
6. How does the knowledge gained translate into changes in health behaviors on the ground among health sector students?
7. What age groups among health sector students are most exposed to and affected by this health content?

1.7. Study Hypotheses

1. H1: There is a statistically significant relationship between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip.
2. H2: There is a statistically significant relationship between the level of exposure of health sector students to health awareness programs disseminated via social media platforms.
3. H3: There is a statistically significant relationship between the use of social media by health sector students and their adoption of the recommended health behaviors.

4. H4: There is a statistically significant relationship between the barriers faced by health sector students and their ability to access health content via social media.
5. H5: There is a statistically significant relationship between exposure to health content on social media and increased health literacy among health sector students.
6. H6: There is a statistically significant relationship between the knowledge gained from health content on social media and actual changes in health behaviors on the ground among health sector students.
7. H7: There is a statistically significant relationship between different age groups among health sector students and their level of exposure to and impact from health content on social media.

1.8.Study Model

- **Main Variables in the Study**

Independent Variable: Exposure to Health Awareness Programs via Social Media. This variable refers to how often and what type of health content university students in the health sector in the Gaza Strip are exposed to on social media platforms, whether Facebook, Instagram, WhatsApp, or Telegram. This variable not only seeing the posts, but also whether they interact with them, whether by liking, commenting, or sharing the content.

- **This variable is measured through several dimensions:**

1. Frequency of Use: How often do they use social media to learn health information (daily, weekly, or less).
2. Depth of Interaction: Do they interact with this content? By interaction, they mean liking, commenting, sharing, or just watching?
3. Sources of Trust: Where do they get their information? Is it from official Ministry of Health sources or from influencers and regular pages?

- **Why is this variable important?**

Because this is the beginning, without them seeing this healthy content, there will be no change in their information for this information to affect their behavior. And since the situation in Gaza is full of challenges and difficulty in connecting to the Internet, it is necessary to know how these people are exposed to this type of content in light of these difficulties.

- **Mediating Variable: Health Literacy**

Health literacy refers to the extent to which individuals understand information related to health and disease, such as their knowledge of the causes of diseases, methods of disease prevention, knowledge of symptoms and available treatments, and why they should take on healthy behaviors in their lives?

Here, health literacy is not just information we hear; it also applies to daily life.

- **What are the dimensions that influence health literacy?**

1. Knowledge about diseases: This refers to their knowledge of the diseases prevalent in their community, whether infectious or chronic
2. Knowledge about prevention methods: This includes handwashing or vaccinations
3. Knowledge about health services: This refers to knowledge of the locations of health facilities and medical centers and how to access them

- **The importance of health literacy in the study as a mediating variable:**

Because individuals are exposed to health content on social media, their health knowledge and awareness increase, leading to changes in their health behaviors. This means that exposure to health content on social media does not directly affect behaviors unless health literacy is present.

- **Dependent Variable: Health Behaviors**

health behaviors refer to the actions and habits people adopt to protect themselves, maintain their health, or try to improve it, depending on their capabilities. With all the difficult circumstances in the Gaza Strip, health behaviors focus on adapting to the situation, preventing disease with what is available, and trying to obtain regular health checkups when the opportunity arises.

- **What are the dimensions of this variable?**

1. **Basic preventive behaviors:** such as proper handwashing, maintaining personal hygiene, avoiding war remnants, which are harmful to health, and attempting to maintain social distancing between the tents where citizens live under these difficult circumstances due to the rapid spread of diseases among the tents.

2. **Behaviours related to resource scarcity:** such as food availability during famine, scarce water contaminated by the occupation, and seeking alternative food if available. Healthcare

seeking behaviors: meaning going to health centers if necessary, and if available, seeking vaccinations.

3. **Behaviours related to dealing with injuries and illnesses:** such as first aid and how to care for wounds or injuries to prevent them from becoming infected.

- **Why is this variable important?**

Because this is the ultimate goal of health awareness through digital platforms, especially as people's knowledge increases. Will their behavior change for the better? Have they begun to take care of their health more and in a smarter way in light of all these difficulties, including the exorbitant prices of food, the closure of crossings, and all the vegetables available in the sector being grown in soil full of war remnants and many problems that are difficult to enumerate? Have they tried to overcome these problems to reach a healthy behavior that can be applied on the ground?

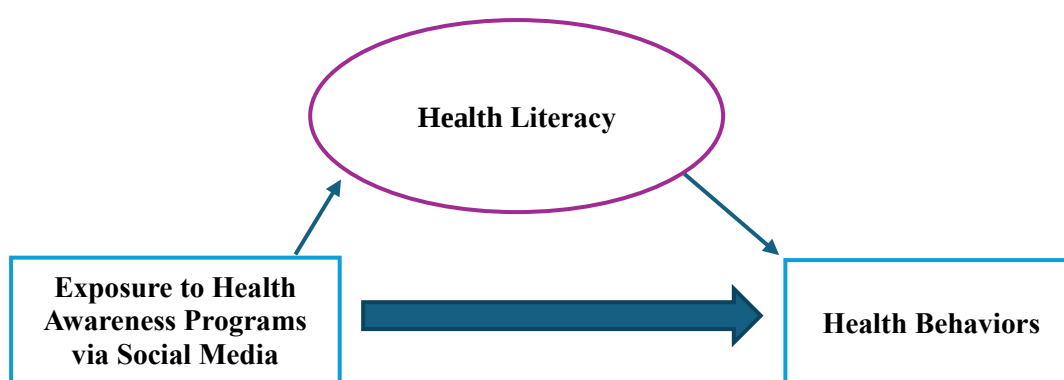


Figure (1.1): Health Literacy

Chapter (II)
Literature Review &
Theoretical Framework

Chapter (II)

Literature Review & Theoretical Framework

2.1.Literature Review

- **(H. Al-Dmour, A. Salman, M. Abuhashesh.2020)**

- **Study title:**

Influence of Social Media Platforms on Public Health Protection Against the COVID-19 Pandemic via the Mediating Effects of Public Health Awareness and Behavioral Changes: Integrated Model

- **Abstract:**

The study aimed to examine the impact of social media platforms on public health protection against the COVID-19 pandemic through the mediating effects of public health awareness and behavioral changes. A quantitative approach was used to collect data via online questionnaires in Jordan, with a sample of 2,555 social media users. Structural Equation Modeling (SEM) was employed to analyze the data and test the hypotheses.

- **Conclusion:**

The study confirms that social media platforms play an important role in promoting health awareness and changing behaviors during health crises such as the Covid-19 pandemic. These platforms can be used as an effective tool to disseminate health information and increase awareness among the public, which contributes to improving public health protection. However, more research is needed to evaluate the effectiveness of these platforms in different cultural contexts.

- **(Gamboa, J., Lamb, M. M., de la Cruz, P., Bull, S ,2019)**

- **Study title:**

Using Social Media to Increase Preventative Behaviors Against Arboviral Diseases: A Pilot Study Among Teens in the Dominican Republic

- **Abstract:**

This study aimed to evaluate the effectiveness of using social media as a peer-to-peer communication tool to promote education and encourage preventative behaviors against

arboviral diseases among youth in the Dominican Republic. Thirty-one teens aged 14–18 years were divided into two groups: an intervention group that received weekly educational content on Facebook for 3 months, and a control group that received no intervention. Results showed a significant increase in knowledge scores and preventative behaviors in the intervention group compared to the control group. Increased online engagement was also associated with greater improvements in outcomes. This study provides evidence of the effectiveness of social media as a practical and low-cost tool to improve knowledge and preventative behaviors among youth in low- and middle-income countries.

- **Conclusion:**

The study provides evidence that using social media as a peer-to-peer educational tool can be an effective and low-cost way to increase knowledge and promote preventive behaviors among young people in low- and middle-income countries. Increased online engagement was associated with significant improvements in outcomes, suggesting the importance of designing interactive social media-based educational interventions to achieve public health goals. These findings could be useful in designing future health education campaigns, especially in resource-poor settings.

- **(Alkhaldi, M., Abuzerr, S., Abu Obaid, H., Alnajjar, G., Alkhaldi, A., & Alkaiyat, A. ,2021)**

- **Study title:**

Social Determinants of Health in Fragile and Conflict Zones Before and During Coronavirus Pandemic: the Focus on the Gaza Strip

- **Abstract:**

This study examines the Social Determinants of Health (SDH) in the Gaza Strip, focusing on the health challenges exacerbated by prolonged conflicts and the Israeli blockade. The study explores the social, economic, environmental, and political factors affecting the health of the population in Gaza and provides recommendations for improving the health situation. Key findings include high rates of poverty and unemployment, deteriorating health infrastructure, shortages of medical supplies, and the impact of the blockade on access to healthcare. The study also discusses the impact of the COVID-19 pandemic on health in Gaza and emphasizes the need to enhance health awareness programs through social media to promote disease prevention.

- **Conclusion:**

Suffering and unemployment in Gaza led to the deterioration of the nervous system, especially as a result, unfortunately. These problems are compounded by the Covid-19 epidemic, which has increased the burden on the health system. However, health awareness programs via social media can help promote and mitigate some of these challenges.

- **(Shorrab, A. A., Nassef, M., Subhi, A., Giwa, B. L., & Buheji, M ,2024).**

- **Study title:**

Health in the Crossfire - Analyzing and Mitigating the Multifaceted Health Risks of the 2023 War on Gaza.

- **Abstract:**

In order to comprehend and resolve these intricate issues, this study uses a systems thinking method to analyze the various and growing health concerns connected to the ongoing conflict in Gaza. The study focuses on a comprehensive examination of the health hazards associated with the 2023 War on Gaza, taking into account both the direct and indirect effects on the population and health systems. Taking into account environmental conditions, the disintegration of healthcare infrastructure, and the development of infectious diseases, the study investigates the buildup of health risks in Gaza. A new '3S Framework' for immediate action is presented in the report, which includes supply management, security and prevention, and the recovery of the supportive health system. This strategy seeks to reduce Gaza's short-term and long-term health hazards, particularly in light of the ongoing conflict.

- **Conclusion:**

The 2023 war on Gaza caused a severe health crisis, with bombings leading to injuries, high mortality rates, and the collapse of healthcare infrastructure. Prolonged violence resulted in widespread mental health issues like PTSD, anxiety, and depression. Pregnant women and children faced limited healthcare access, malnutrition, and increased risks of sexual violence. Environmental damage, food shortages, and lack of clean water worsened the crisis, spreading infectious diseases. Immediate action is urgently needed to address these escalating health risks.

- **(Abu Hamad, B., Jones, N., & Gercama, I., 2021).**

- **Study title**

Adolescent Access to Health Services in Fragile and Conflict-Affected Contexts: The Case of the Gaza Strip

- **Abstract**

This study explores adolescents' access to health services in the Gaza Strip, their experiences, and perceptions of these services. Data were collected from 240 adolescents using in-depth interviews, focus group discussions, and a tablet-based survey. The findings highlight that gender norms, particularly those related to girls' sexual purity, shape adolescent health in multiple ways. Girls face increasing restrictions on their mobility, limiting their access to health services. Adolescent boys are at high risk of substance abuse and peer violence. Key challenges include the absence of preventive health initiatives, limited information on sexual and reproductive health, drug shortages, high treatment costs, and inappropriate interactions with service providers.

- **Conclusion**

The study highlights significant barriers that adolescents in Gaza face in accessing health services due to social, economic, and conflict-related challenges. Girls experience mobility restrictions limiting their healthcare access, while boys are at high risk of substance abuse and peer violence. Additionally, the absence of preventive health initiatives, limited sexual and reproductive health information, drug shortages, and high treatment costs further hinder access to care. Inappropriate interactions with healthcare providers were also cited as a major barrier, emphasizing the need for adolescent-friendly and conflict-sensitive health services.

- **(Evans, W. D., Abroms, L. C., Broniatowski, D., Napolitano, M. A., Arnold, J., Ichimiya, M., & Agha, S., 2022).**

- **Study title**

Digital Media for Behavior Change: A Review of an Emerging Field of Study.

- **Abstract**

This paper reviews an emerging field related to the use of digital media for changing health behaviors. Despite the widespread prevalence of digital media in modern life, research

on its impact on behavior is still in its early stages. The paper aims to provide an overview of the methods used in this field, present practical case studies, and outline a future research agenda. The main methods include: (1) digital interventions for behavior change, (2) formative research using digital media, and (3) the use of digital media for conducting evaluations. Case studies are reviewed in areas such as healthy weight management, tobacco control, and vaccination promotion. The paper emphasizes the need to accelerate research to better understand the impact of digital media on human behavior.

- **Conclusion**

The study suggests that digital media have significant potential in behavior change, but further research is needed to better understand their impact. To maximize their effectiveness, digital interventions should leverage the full range of digital device functionalities and promote continuous engagement and self-management. The study highlights the importance of future experimental research to examine the effects of varying levels of engagement and exposure intensity to digital media in behavior change.

- **Ghahramani, M. de Courten, M. Prokofieva.2022)**

- **Study title:**

The potential of social media in health promotion beyond awareness creation: An integrative review

- **Abstract**

The study is an integrative review of published research on the use of social media in health promotion campaigns with a focus on the methods used to assess the impact of these campaigns on health behavior change and not just awareness raising.

The main objective is to fill the gap in the scientific literature by assessing how social media contributes to changing individuals' behavior in the long term, not just raising awareness.

- **Conclusion**

good evaluation of social media campaigns on integrated health behavior change. Campaigns require design that aligns with the phases of change and achieves more sustainable results.

- **Study title:**

The role of health advertisements on social media in adopting healthy behavior among Jordanian university students: a field study.

- **Abstract:**

This study aimed to identify the impact of health advertisements spread across social media platforms on promoting healthy behaviors among Jordanian university students. The researchers classified the study as a descriptive study, relying on the "diffusion of innovations" theory as a theoretical framework. They used a survey approach by distributing an electronic questionnaire to a sample of 400 male and female students, selected using a quota sampling method.

- **Conclusion**

About 91% of students said they were exposed to health advertisements on social media, and the main reason for this interest was that they could save the health advertisement and refer to it when needed. The most commonly used platforms for viewing these advertisements were Facebook and YouTube, As for the impact of these advertisements on students' awareness, it was evident in their interest in maintaining health and personal hygiene. Students evaluated health advertisements positively, saying that the presence of images and videos within the advertisement is what most attracted them. As for the health behaviors they adopted as a result of these advertisements, the most prominent was "paying attention to personal hygiene, such as bathing daily".

- **Study title:**

The Role of Social Media in Political Crises and Wars

- **Abstract**

The study explains how social media has acquired a new and different role in the media, as it has transcended geographical borders and become a global means of influencing and transmitting information, and this is what is called global media.

- **Conclusion**

The study give off light on the staggering power of social media as a game-changer in how conflicts, particularly in Gaza, are reported today. in the 2014 war It was during that

loud time that social media platforms exploded into life, transforming ordinary citizens into real-time chroniclers of their own experiences. It wasn't just news anymore; it became an intimate, unfiltered glimpse into the heart of a humanitarian crisis, raw and unedited, reaching the world in a heartbeat. Gone were the days when traditional media or military narratives held the reins. The smartphone revolution swept through Gaza, and suddenly, Palestinians—especially the youth—had the tools to broadcast images, videos, and heartfelt testimonies that pushed back against the mainstream narratives. These powerful voices broke through the noise, sparking international empathy and drawing attention to the complex realities on the ground. This evolution emphasizes that social media is not merely a conduit for communication; it's a radical form of digital resistance and a way to reclaim narratives. It's about empowerment—amplifying marginalized voices, cultivating global solidarity, and reshaping how we perceive crises as they unfold. The saga of Gaza serves as a potent reminder of how digital platforms can disrupt traditional representations of conflict, shattering the boundaries of political discourse and elevating the cry of human suffering into the global conscience

2.2.Theoretical Framework

2.2.1. Introduction to the Theoretical Framework:

The theoretical framework plays an important role in any scientific research, as it is one of the foundations upon which the study is built. It interprets the results in a scientific manner and serves as the analytical lens that enables the researcher to understand the study through established and well-known models established by scientists. In the context of this study, which is concerned with the effectiveness of health awareness programs via social media in changing behavior through knowledge, the theoretical framework will be important in explaining how individuals receive information from digital content and how they interact with it, in the end adopting or not adopting these behaviors.

Since this study intersects with psychological, social, behavioral, and cognitive aspects, it will rely primarily on two models: the information processing model and the health belief model, given their ability to explain the stages of receiving information, then understanding it, and their impact on changing individual behaviors

2.2.2. Definition of Basic Concepts

- **Health Awareness Program:**

Health awareness programs are activities or campaigns aimed at disseminating health information and raising awareness about specific health issues, such as disease prevention, improving personal hygiene, or adopting healthy lifestyles. These programs use various means to spread information, such as traditional media (TV, radio) or modern platforms (social media) .

- **Social Media:**

Social media refers to digital platforms that allow users to create, share, and interact with content. These platforms include Facebook, Instagram, Twitter, TikTok, and others. Social media is used to disseminate information quickly and widely, making it an effective tool for health awareness .

- **Health Behaviors:**

Health behaviors are actions or practices undertaken by individuals to maintain or improve their health. These behaviors include handwashing, social distancing, following a healthy diet, exercising, and getting vaccinated against diseases .

- **Changing Health Behavior:**

Changing health behaviors refers to the process of transforming unhealthy or neutral practices into positive health practices. This involves increasing awareness, motivating individuals, and providing the necessary resources to adopt new health behaviors .

- **Effectiveness of Programs:**

The effectiveness of programs refers to the extent to which a program succeeds in achieving its intended goals. In the context of health awareness programs, effectiveness includes the reach of information to the target audience, its impact on raising awareness, and changing health behaviors .

- **Gaza Strip:**

The Gaza Strip is a small geographical area located on the eastern coast of the Mediterranean Sea and is considered one of the most densely populated regions in the world. The residents of the Gaza Strip face difficult living conditions due to the Israeli blockade, lack of resources, and weak health infrastructure.

2.2.3. Models on which the study is based

- **Information Processing Model:**

- **Definition and Basic Components**

This model is one of the models used in the study of cognitive development. It was developed through American training traditions in psychology. This model is used to understand how human perception and mental abilities develop, especially in children. This theory is based on the idea that humans process the information they receive rather than simply responding to external stimuli. Here, the human mind functions like a computer, responsible for analyzing the information it receives from the surrounding environment.

- **This model comprises of a number of essential components:**

- Attention mechanisms: Allow an individual to enter information into the mind
- Working memory: Used for the active processing of information
- Long-term memory: Retains information passively and uses it when needed

- **The Significance of This Model:**

This model aids in understanding how people receive digital health content, process it, and subsequently make health choices based on it.

Awareness initiatives via social media depend on individuals concentrating on the presented content, like videos, posts, etc., and then gain new knowledge.

They might then acquire new knowledge, or they may have previously acquired this knowledge, but it is compared to their existing knowledge. They may recall it if it is information they already know, and then apply this behavior, or they might disregard it

This study emphasizes identifying and understanding the factors influencing each stage of cognitive processing, such as the environment where the message is received, the trustworthiness of the source from which the health information is gathered, and the information density. These factors play a crucial role in determining the success or failure of health content via social media. We must not overlook the technical and environmental challenges facing the Gaza Strip, which struggles with internet outages, the destruction of communications infrastructure, and overcrowding and overpopulation. The reception environment is not favorable for individuals in the Strip,

as are psychological pressure and stress, as these factors will affect the outcomes.

- **Health Belief Model:**

- **Definition and Basic Components:**

One of the oldest and most well-known behavioral models in public health, it was developed in the 1950s by a group of psychologists to try to understand why individuals do not accept free preventive services such as public health screenings.

This model consists of six main components that state that adopting preventive health behaviors depends on individuals' beliefs about health and disease.

- **Perceived Susceptibility:**

This component refers to the extent to which an individual believes they will contract a particular disease or problem. If they perceive that there is a possibility and likelihood of contracting a particular disease, they are more likely to take preventive measures, such as handwashing or avoiding crowds. In the context of social media in this research, where disease spreads rapidly, social media can enhance perceptions, such as posting personal stories and testimonials from individuals who have been exposed to a particular disease.

- **Perceived Severity:**

An individual's belief in the seriousness of contracting a particular disease or not taking any behavioral measures. This also includes social consequences, such as the impact of disease on work. In this component, we can post visual content on social media explaining the risk. Complications of serious diseases that don't initially appear serious, or publications that explain how health problems affect the individual and society as a whole.

- **Perceived Benefits:**

The individual's belief in the effectiveness of proposed health measures in reducing health threats. If someone believes that a certain health behavior will lead to positive results, they will adopt that behavior. The Ministry of Health or humanitarian organizations can publish success stories or testimonials of individuals who followed preventive measures and were not infected with a specific disease that was prevalent during a specific period.

- **Perceived Barriers:**

The extent to which an individual feels there are difficulties or challenges preventing them from practicing a health behavior (such as time, cost, societal pressure, or lack of resources). In this context, the Gaza Strip faces several challenges, including water pollution and shortages, food shortages, and internet outages. Social media can address these barriers with minimal resources, such as an awareness video on how to sterilize water using simple methods or preparing meals with readily available ingredients.

- **Cues to Action:**

Events or messages that motivate an individual to make a healthy decision (such as an awareness post or the injury of a loved one).

Based on this component, we may use social media as a motivating tool because it is a powerful source of action cues, such as direct and targeted messages or focused social media awareness campaigns that focus on one healthy behavior at a time.

- **Self-efficacy:**

An individual's confidence in their ability to successfully implement healthy behaviors, even in the face of challenges. In this component, we might use social media to create simple instructional videos for bandaging a wound in a simple and healthy way due to the difficulty of accessing medical facilities.

- **Importance of the Model in Context:**

The Health Belief Model is important because it focuses on the psychological and cognitive factors that precede healthy behaviors. In the context of the Gaza Strip, individuals' understanding of the likelihood of infection, the severity of the disease, and the social and material barriers helps them understand and implement the concept of these awareness programs.

Chapter (III)

Materials and Methods

Chapter (III)

Materials and Methods

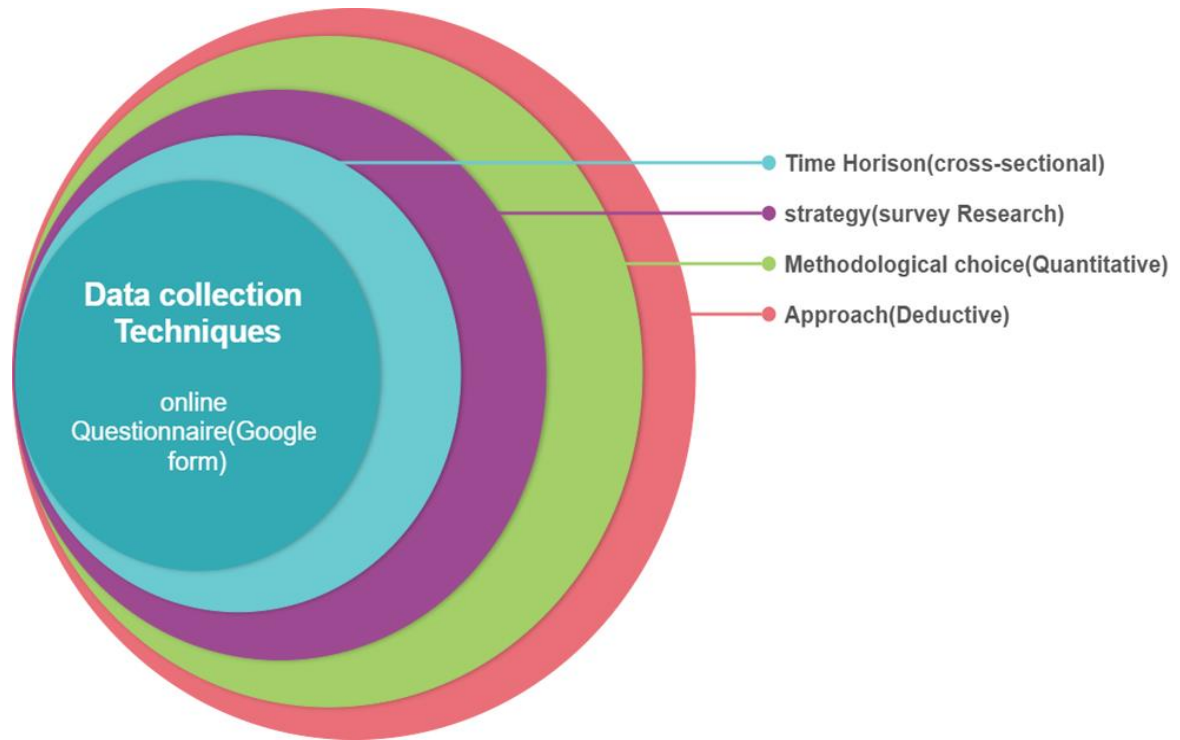


Figure (3.1): *The Research Onion*

Developed by Researcher Based on the Study of (Saunders, Lewis, Thomhill and Bristow, 2015)

3.1.Introduction

The methodological procedures are considered as the framework governing all the details related to the research work, as the documentation of the methodological procedures used during the research work based on scientific principles contributes to the sobriety of the research presented, then the methodological procedures refer to all the methods, means and methods that the researcher relied on, which formed the basis for his research behavior. This chapter discusses the methodology used in research, which describes the practical way of organizing an entire research project. The method is defined as a detailed work plan explaining how the question will be studied and explaining the methods used to collect data from the target group and the statistical methods used in the analysis. In order to arrive conclusions and make recommendations.

3.2.Methodology of the study

The current study relied on the descriptive-analytical approach to describe the study's demographic and occupational variables, as well as the independent variables related to the effectiveness of health awareness programs through social media in its dimensions (Frequency of Use, Depth of Interaction, Sources of Trust), and to measure their impact on changing health behaviors among the residents of the Gaza Strip, in addition to examining the causal relationships between the independent variables and the dependent variable. This study will adopt a quantitative approach, as it aims to assess the impact of health awareness programs delivered via social media on changing health behaviors among Health sector students in universities within the Gaza Strip. The quantitative method involves collecting numerical data and analyzing it statistically to test the proposed hypotheses, allowing for accurate and generalizable conclusions.

3.3.Justification for Choosing the Quantitative Approach

- **Nature of the Study:** The research looks at how different factors are connected, like how using social media can make people more aware of health issues and how that awareness affects their behavior.
- **Hypothesis Testing:** The study has clear ideas or predictions that need to be tested using statistics, such as whether health awareness campaigns lead to better knowledge and changes in people's actions.

- **Measurable Data:** Information is gathered through questionnaires with fixed choices, which makes it easier to analyze using tools like SPSS or Excel.
- **Objectivity:** Using numbers and data helps keep the results fair and measurable, which can then be used to create useful advice for improving.

3.4.Data Collection Methods

Both primary sources and secondary sources were used to collect the necessary data for this study.

A) Primary Sources:

Questionnaires: A closed-ended questionnaire will be designed to collect data from Health sector students in universities within the Gaza Strip who use social media. It will include questions about:

- The extent to which participants are exposed to health awareness programs on social media.
- The improvement in their knowledge of preventive health measures after following these programs.
- Changes in their health behaviors (such as handwashing, social distancing, and vaccination).
- The challenges they face in accessing these programs (such as internet outages or limited digital literacy).

B) Secondary Sources:

- **Previous Studies:** The study will refer to research on the role of social media in health awareness, especially in regions facing challenges similar to those in the Gaza Strip.
- **Reports and Statistics:** Reports from organizations such as the World Health Organization (WHO) and international relief agencies will be used to understand the health situation in the Gaza Strip.

3.5.Questionnaire Design

The questionnaire will be structured into five main sections

- **Demographic Information:** Including age, gender, and education level.

- **Social Media Usage:** Covering the number of hours spent daily on social media and the platforms used
- **Exposure to Health Awareness Programs:** Assessing the extent of exposure and the types of content encountered
- **Impact of Programs on Health Knowledge and Behavior:** Measuring the increase in knowledge of preventive health measures and changes in health-related behaviors.
- **Challenges:** Addressing issues such as internet outages and The unavailability of paper materials to conduct a paper-based questionnaire.

3.6.Data Analysis

The collected data will be analyzed using statistical analysis through SPSS software. The analysis will include:

- **Descriptive Analysis** to identify trends and patterns.
- **Hypothesis Testing** to determine the impact of health awareness programs on individuals' behaviors.

3.7.Expected Challenges

- **Internet and Power Outages:** Frequent disruptions in the Gaza Strip may affect participants' ability to complete the online questionnaire.
- The unavailability of paper materials to conduct a paper-based questionnaire.

3.8.Research Limitations

- **Time constraints:**

The time allotted for data collection and analysis may be limited, affecting the comprehensiveness and accuracy of the study.

- **Geographical limitations:**

- The study is limited to health sector university students within the universities located in the Gaza Strip, which means that generalizing the results to other regions with different circumstances is difficult.
- This study is taking place during the ongoing war in the Gaza Strip, which has created difficult and unstable conditions for both the researcher and participants. Factors such as limited freedom of movement, frequent electricity and internet cuts, and the

emotional toll on individuals have made it harder to collect data and maintain consistent participation. These challenges, directly linked to the conflict, may affect the quality and depth of the data collected, and they should be taken into account when interpreting the study's outcomes.

- **Technical Limitations and War Conditions:**

Access to the internet and modern devices due to the economic conditions in the Gaza Strip, which affects the ability of participants to interact with awareness programs.

- **Cultural and social constraints:**

The impact of cultural factors on participants and their interpretation of health through social media, which affects the accuracy and reliability of the data.

3.9. Population and Sample

The population of the current study consisted of all health sector students in universities within the Gaza Strip. A simple random sample of 377 students was drawn from the study population based on the sample size formula. Accordingly, the number of questionnaires used in the analysis was 377, as they were suitable for statistical analysis.

3.10. Demographic Data

This section presents the personal characteristics of the study sample, based on the responses obtained from the study sample and included in the study questionnaire, in terms of gender, age group, and university, as follows:

- **Gender Distribution**

As presented in table 3.1, the majority of the respondents in the survey, 277 were female representing 73.5%, while 100 were male, representing 26.5% of the total respondents.

Table (3.1): Demographic Profile of Respondents (gender): Frequency Distribution

Category	Frequency (N)	Percent (%)
Male	100	26.5
Female	277	73.5
Total	377	100.0

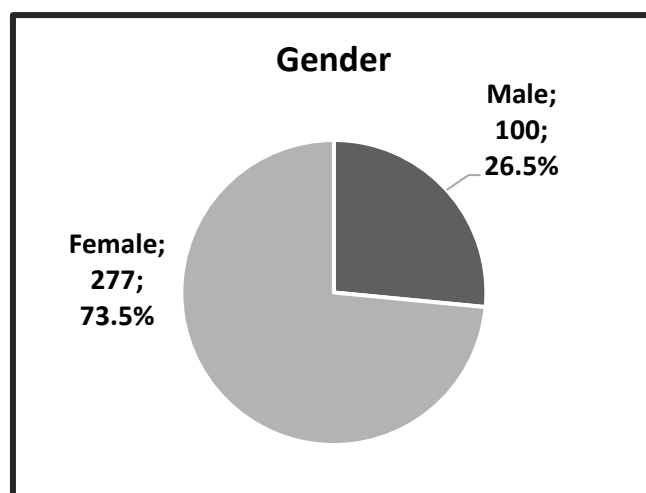


Figure (3.2): Distribution of the respondents due to gender

- **University Distribution**

The results shown in Table 3.2 showed that 31.0% of the respondents were health sector students at the Islamic University, 23.1% were students at Al-Azhar University, while 17.5% were students at Al-Aqsa University.

Table (3.2): Demographic Profile of Respondents (university): Frequency Distribution

Category	Frequency (N)	Percent (%)
Al-Aqsa University	66	17.5
Islamic University	117	31
Al-Azhar University	87	23.1
University College of Applied Sciences	30	8
Arab College of Applied Sciences	48	12.7
Al-Quds Open University	3	0.8
Palestine University	26	6.9
Total	377	100.0

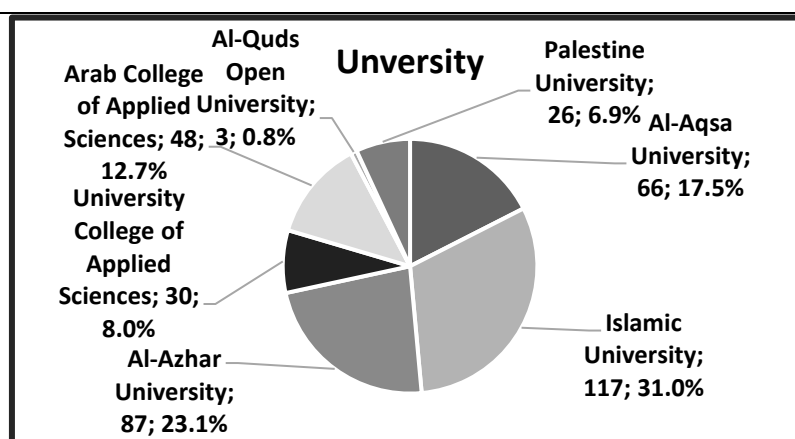


Figure (3.3): Distribution of the respondents due to university

- **Age Distribution:**

The results shown in Table 3.3 showed that 53.3% of the health sector students in the study sample were between (21-22) years old, 25.2% were between (23-24) years old, while the remaining 21.5% were between (19-20) years old.

Table (3.3): Demographic Profile of Respondents (age): Frequency Distribution

Category	Frequency (N)	Percent (%)
19-20	81	21.5
21-22	201	53.3
23-24	95	25.2
Total	377	100.0

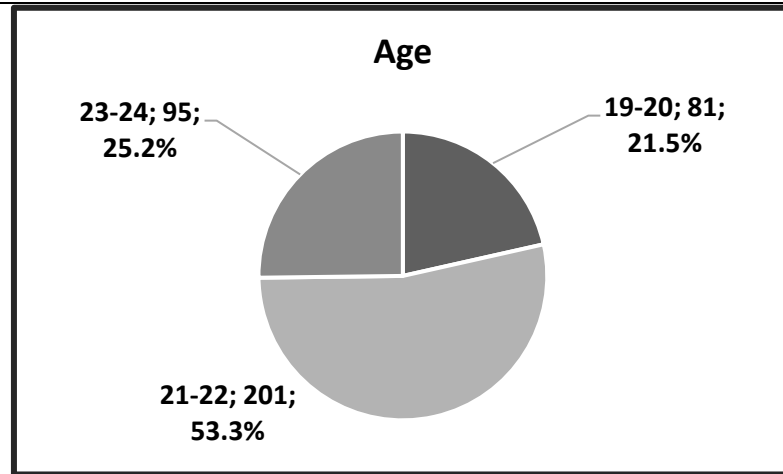


Figure (3.4): Distribution of the respondents due to age

3.11. Social Media Usage and Exposure to Health-Related Content

- **The number of times social media platforms (Facebook, Instagram, YouTube, TikTok, WhatsApp, Telegram) are used daily.**

The results shown in Table 3.4 indicated that 36.3% of the health sector students in the study sample use social media between 1–2 times daily, 54.4% use it between 3–5 times daily, 2.7% between 6–10 times daily, while the remaining 6.6% use social media more than 10 times daily".

Table (3.4): Demographic Profile of Respondents (number of times social media platforms are used daily): Frequency Distribution

Category	Frequency (N)	Percent (%)
1-2	137	36.3
3-5	205	54.4
6-10	10	2.7
More than 10 times	25	6.6
Total	377	100.0

- **Daily Browsing Hours of Social Media Content**

The results presented in Table 3.5 indicate that 42.4% of health sector students in the study sample browse social media content for a duration of 1–3 hours daily, while 28.4% browse for 3–5 hours per day. Additionally, 23.1% reported browsing for 5–7 hours daily, whereas the remaining 6.1% browse social media content for less than one hour per day.

Table (3.5): Demographic Profile of Respondents (Daily Browsing Hours of Social Media Content): Frequency Distribution

Category	Frequency (N)	Percent (%)
Less than 1 hours	23	6.1
1 to less than 3 hours	160	42.4
3 to less than 5 hours	107	28.4
5 to 7 hours	87	23.1
Total	377	100.0

- **Do you follow pages, accounts, or groups specialized in sharing health-related content on social media?**

The results presented in Table 3.6 show that the majority of respondents from health sector students in Gaza Strip universities follow pages, accounts, and groups specialized in sharing health-related content on social media, while 12.7% do not follow any such pages, accounts, or groups.

Table (3.6): *Demographic Profile of Respondents (Do you follow pages, accounts, or groups specialized in sharing health-related content on social media): Frequency Distribution*

Category	Frequency (N)	Percent (%)
Yes	329	87.3
No	48	12.7
Total	377	100.0

3.12. Validity of the questionnaire

The validity of the internal consistency is considered one of the most important criteria expressing the quality of the tool used. The higher the level of validity of the consistency, the more the assessment of the tool used is positive.

Questionnaire validity aims to measure the degree to which each item in the questionnaire is consistent with the field to which the item belongs.

It was ensured that the study instrument (the questionnaire) is valid for measuring the purpose for which it was designed, and that it includes all aspects necessary for analysis in terms of the clarity of the items and dimensions, and that it is comprehensible to the respondents in the sample, as follows:

3.13. Study Instrument Testing (Reliability):

The reliability of the study instrument was measured using the Cronbach's Alpha scale in order to verify the instrument's consistency, which indicates the internal consistency among the questionnaire items. Table (3.7) presents the measurement results for each of the questionnaire variables and their items.

Table (3.7): *Cronbach's Alpha coefficient for the questionnaire variables*

Dimension	Cronbach's Alpha	Sig.
Social Media Usage and Exposure to Health-Related Content	0.742	0.000
Health Knowledge (Health Awareness)	0.821	0.000
Health Behaviors	0.796	0.000
Barriers to Accessing Health Content via social media	0.788	0.000
Self-Efficacy and Cues to Action (Components of the Health Belief Model)	0.802	0.000

It is noted from Table (3.7) that the Cronbach's Alpha values for the study variables ranged between 0.821 for the health knowledge (health awareness) variable and 0.742 for the

social media usage and exposure to health-related content variable, indicating a high degree of internal consistency among the scale items. This suggests a high level of reliability in the questionnaire, confirming its validity for the intended purpose.

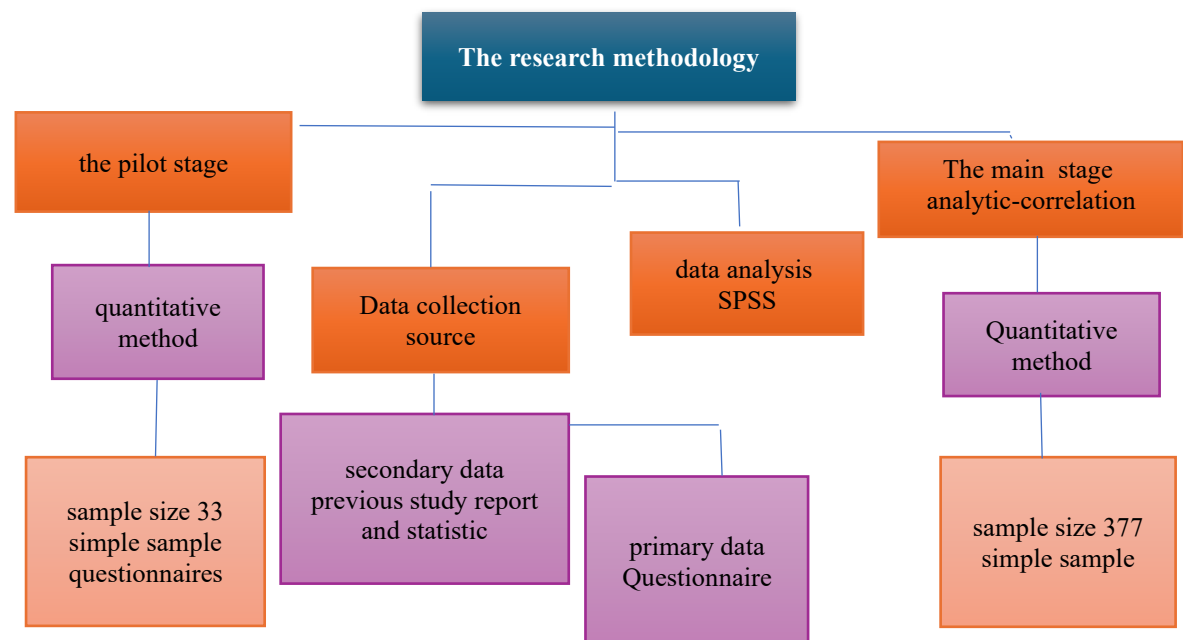


Figure (3.5): *The Research Methodology*

Chapter (IV)

Materials and Methods

Chapter (IV)

Materials and Methods

4.1.Introduction

This chapter provides a brief analysis of questionnaires results. By answering questions about the study and reviewing the main findings of the questionnaire obtained by analyzing the passages and the status of the included study variables. Statistical processing of the data collected from the questionnaire was performed using the (SPSS) program to obtain the findings presented and analyzed in this chapter.

This chapter includes an analysis and discussion of the results gathered from the field study. Analyze data using descriptive and inferential statistical tools. This section includes a quantitative analysis of the questionnaire, and a summary for the results. Researchers use tables and figures to make results clearer and easier to understand.

4.2.Normal Distribution

The Kolmogorov-Smirnov test is a procedural test for a single sample, and its function is to compare the cumulative distribution of a variable with the theoretical distribution of the sample, which may be normal, uniform, Poisson, or exponential. The Kolmogorov-Smirnov Z value is calculated as the largest absolute difference between the calculated and tabulated cumulative distribution functions. The test also examines the goodness of fit of the data in terms of structure and whether it reasonably follows the specified distribution. Many statistical tests require that the variable data and their dimensions be normally distributed. The one-sample Kolmogorov–Smirnov test can be used to assess the extent to which the data follow a normal distribution. (Henry and Thode, 2002).

Table (4.1): *Kolmogorov- Smirnov to test normality*

No.	Dimensions	Kolmogorov-Smirnov	
		Statistic	P-Value
1.	Social Media Usage and Exposure to Health-Related Content	0.742	0.652
2.	Health Knowledge (Health Awareness)	0.602	0.542
3.	Health Behaviors	0.923	0.474
4.	Barriers to Accessing Health Content via social media	0.811	0.724
5.	Self-Efficacy and Cues to Action (Components of the Health Belief Model)	0.562	0.415

Table (4.1) presents the results of the Kolmogorov-Smirnov test for normal distribution, where the p-value for each variable is greater than 0.05. Accordingly, the analysis confirms that the data follow a normal distribution. Therefore, the validity of the analysis indicates the possibility of conducting statistical data analysis without statistical issues.

4.3. Analysis of the Section Pertaining to Social Media Use and Exposure to Health Content

One sample t-test was used to determine whether the participants' opinions regarding the content of the items were positive (i.e., a mean score greater than 3 with a p-value less than 0.05), or if the participants' opinions regarding the content of the items were neutral (p-value greater than 0.05), or negative (i.e., a mean score less than 3 with a p-value less than 0.05).

Table (4.2): Results of statistical analysis for dimensions "Social Media Usage and Exposure to Health-Related Content"

No.	Items	Mean	standard deviation	t-test	P-value	Participants opinions
1.	Extent of Exposure to Health Content (videos, posts, images, infographics)	3.24	1.06	4.48	0.000	Positive
2.	Health awareness videos shared on social media are watched	3.45	1.15	7.65	0.000	Positive
3.	Health-related posts or real-time articles shared on social media are read	3.34	1.21	5.51	0.000	Positive
4.	Health-related content on social media is interacted with (likes, comments, shares)	3.06	1.26	0.98	0.326	Neutral
5.	Health-related content on social media can be a reliable source of information	3.37	1.02	7.04	0.000	Positive
	All dimensions	3.30	0.92	6.26	0.000	Positive

Table (4.2) shows that the mean score for item number (2), which states "*Health awareness videos shared on social media are watched*", is 3.45. The value of (t) = 7.65, and the P-value is 0.000, which is less than the significance level of 0.05. This indicates a statistically significant positive response from the participants regarding this item. Therefore,

the mean score of this item is significantly higher than the hypothetical mean of 3, suggesting that participants agreed with this statement to a high degree.

Similarly, as observed in the above table, item number (5), which states "*Health-related content on social media can be a reliable source of information*", has a mean score of 3.37. The value of $t = 7.04$, and the P-value is 0.000, which is less than the significance level of 0.05. This also indicates a statistically significant positive response from the participants regarding this item. Hence, the mean score of this item is also greater than the hypothetical value of 3, indicating that participants agreed with this statement to a high degree. In general, the majority of the results related to the dimension concerning the use of social media and exposure to health content indicate that most participants agreed with the statements associated with this dimension.

4.4. Analysis of the Section Pertaining to Health Awareness

One sample t-test was used to determine whether the participants' opinions regarding the content of the items were positive (i.e., a mean score greater than 3 with a p-value less than 0.05), or if the participants' opinions regarding the content of the items were neutral (p-value greater than 0.05), or negative (i.e., a mean score less than 3 with a p-value less than 0.05).

Table (4.3): Results of statistical analysis for dimensions "Health Awareness"

No.	Items	Mean	standard deviation	t-test	P-value	Participants opinions
1.	The extent of knowledge about the importance of personal hygiene for disease prevention under current circumstances.	4.08	0.73	28.47	0.000	Positive
2.	The extent of knowledge about the importance of personal hygiene for the prevention of common diseases in the Gaza Strip (such as respiratory diseases, skin diseases, and gastrointestinal diseases).	3.90	0.77	22.62	0.000	Positive

No.	Items	Mean	standard deviation	t-test	P-value	Participants opinions
3.	The extent of knowledge about how to respond to health emergencies and provide first aid.	3.32	1.11	5.68	0.000	Positive
4.	The extent of knowledge about the importance of mental health and how to cope with psychological stress under current conditions.	3.41	0.97	8.16	0.000	Positive
5.	The extent of knowledge about the available sources of healthcare services currently in the Gaza Strip.	3.22	0.86	4.93	0.000	Positive
6.	Health-related content viewed on social media contributes to increasing health knowledge.	3.91	0.75	23.52	0.000	Positive
	All dimensions	3.64	0.64	19.50	0.000	Positive

Table (4.3) shows that the mean score for item number (1), which states *"The extent of knowledge about the importance of personal hygiene for disease prevention under current circumstances"*, is 4.08. The value of (t) = 28.47, and the P-value is 0.000, which is less than the significance level of 0.05. This indicates a statistically significant positive response from the participants regarding this item. Therefore, the mean score of this item is significantly higher than the hypothetical mean of 3, suggesting that participants agreed with this statement to a high degree.

Similarly, as observed in the above table, item number (5), which states *"The extent of knowledge about the available sources of healthcare services currently in the Gaza Strip"*, has a mean score of 3.22. The value of (t) = 4.93, and the P-value is 0.000, which is less than the significance level of 0.05. This also indicates a statistically significant positive response from the participants regarding this item. Hence, the mean score of this item is also greater than the hypothetical value of 3, indicating that participants agreed with this statement to a high degree. In general, the results related to the dimension concerning health awareness indicate that most participants agreed with the statements associated with this dimension.

4.5. Analysis of the Section Pertaining to Health Behaviors

One sample t-test was used to determine whether the participants' opinions regarding the content of the items were positive (i.e., a mean score greater than 3 with a p-value less than 0.05), or if the participants' opinions regarding the content of the items were neutral (p-value greater than 0.05), or negative (i.e., a mean score less than 3 with a p-value less than 0.05).

Table (4.4): Results of statistical analysis for dimensions "Health Behaviors "

No.	Items	Mean	standard deviation	t-test	P-value	Participants opinions
1.	Covering the mouth and nose is ensured when coughing or sneezing	4.65	0.58	55.39	0.000	Positive
2.	Hands are regularly washed with soap and water, especially after using the toilet and before eating.	4.57	0.69	44.33	0.000	Positive
3.	Touching the face (eyes, nose, mouth) is avoided as much as possible	3.72	0.90	15.55	0.000	Positive
4.	A safe distance from others is maintained as much as possible to prevent infection	3.64	0.97	12.93	0.000	Positive
5.	Available medical care is sought when experiencing symptoms of illness	3.70	0.93	14.65	0.000	Positive
6.	An effort is made to apply health guidelines learned from social media in daily life	4.05	0.73	27.95	0.000	Positive
7.	Health behaviors are modified based on information obtained from social media	3.96	0.85	22.01	0.000	Positive
	All dimensions	4.04	0.59	34.47	0.000	Positive

Table (4.4) shows that the mean score for item number (1), which states "*Covering the mouth and nose is ensured when coughing or sneezing*", is 4.65. The value of (t) = 55.39, and the P-value is 0.000, which is less than the significance level of 0.05. This indicates a statistically significant positive response from the participants regarding this item. Therefore, the mean score of this item is significantly higher than the hypothetical mean of 3, suggesting that participants agreed with this statement to a high degree.

Similarly, as observed in the above table, item number (4), which states "*A safe distance from others is maintained as much as possible to prevent infection*", has a mean score of 3.64. The value of $t = 12.93$, and the P-value is 0.000, which is less than the significance level of 0.05. This also indicates a statistically significant positive response from the participants regarding this item. Hence, the mean score of this item is also greater than the hypothetical value of 3, indicating that participants agreed with this statement to a high degree. In general, the results related to the dimension concerning health behaviors indicate that most participants agreed with the statements associated with this dimension.

4.6. Analysis of the Section Pertaining to barriers to accessing health content via social media

One sample t-test was used to determine whether the participants' opinions regarding the content of the items were positive (i.e., a mean score greater than 3 with a p-value less than 0.05), or if the participants' opinions regarding the content of the items were neutral (p-value greater than 0.05), or negative (i.e., a mean score less than 3 with a p-value less than 0.05).

Table (4.5): Results of statistical analysis for dimensions "Barriers to Accessing Health Content via social media"

No.	Items	Mean	standard deviation	t-test	P-value	Participants opinions
1.	Frequent power outages affect my ability to access social media	4.08	0.78	26.22	0.000	Positive
2.	Poor or interrupted internet service affects my ability to access health-related content.	4.17	0.82	26.84	0.000	Positive
3.	Low phone battery or lack of sufficient charging sources limits my use of social media.	4.20	0.81	28.22	0.000	Positive
4.	The presence of false or misleading health information on social media makes me hesitant to rely on it.	3.64	1.11	10.84	0.000	Positive

No.	Items	Mean	standard deviation	t-test	P-value	Participants opinions
5.	The abundance of negative news and unhealthy content on social media makes me avoid browsing it.	3.64	1.11	10.92	0.000	Positive
6.	The lack of sufficient or specialized health content that meets my needs on social media.	3.31	1.33	4.45	0.000	Positive
7.	The inability to understand complex medical terminology in health content on social media.	2.97	1.10	-0.57	0.566	Neutral
All dimensions		3.71	0.64	21.24	0.000	Positive

Table (4.5) shows that the mean score for item number (3), which states *"Low phone battery or lack of sufficient charging sources limits my use of social media"*, is 4.20. The value of (t) = 28.22, and the P-value is 0.000, which is less than the significance level of 0.05. This indicates a statistically significant positive response from the participants regarding this item. Therefore, the mean score of this item is significantly higher than the hypothetical mean of 3, suggesting that participants agreed with this statement to a high degree.

Similarly, as observed in the above table, item number (7), which states *"The inability to understand complex medical terminology in health content on social media"*, has a mean score of 2.97. The value of (t) = -0.57, and the P-value is 0.566, which is greater than the significance level of 0.05. This also indicates a statistically significant neutral response from the participants regarding this item. Therefore, the mean score of this item does not differ significantly from the neutral point (the hypothetical value of 3), indicating that the participants were neutral in their responses to this item.

In general, the results related to the dimension concerning barriers to accessing health content via social media indicate that most participants agreed with the statements associated with this dimension.

4.7. Analysis of the Section Pertaining to Self-Efficacy and Cues to Action

One sample t-test was used to determine whether the participants' opinions regarding the content of the items were positive (i.e., a mean score greater than 3 with a p-value less than 0.05), or if the participants' opinions regarding the content of the items were neutral (p-value greater than 0.05), or negative (i.e., a mean score less than 3 with a p-value less than 0.05).

Table (4.6): Results of statistical analysis for dimensions "Self-Efficacy and Cues to Action"

No.	Items	Mean	standard deviation	t-test	P-value	Participants opinions
1.	I feel confident in my ability to apply the health guidelines I learn from social media.	4.02	0.70	28.36	0.000	Positive
2.	I feel that I can protect myself and my family from diseases by following the available health guidelines.	3.87	0.79	21.61	0.000	Positive
3.	When I see an important health awareness post or video, I feel motivated to apply what I have learned.	3.88	0.78	21.68	0.000	Positive
4.	Advice from doctors or specialists I follow on social media motivates me to change my behaviors.	4.05	0.84	24.32	0.000	Positive
5.	Health awareness campaigns published on social media encourage me to take preventive actions.	4.03	0.73	27.36	0.000	Positive
All dimensions		3.97	0.65	29.02	0.000	Positive

Table (4.6) shows that the mean score for item number (4), which states "*Advice from doctors or specialists I follow on social media motivates me to change my behaviors*", is 4.05. The value of (t) = 24.32, and the P-value is 0.000, which is less than the significance level of 0.05. This indicates a statistically significant positive response from the participants regarding this item. Therefore, the mean score of this item is significantly higher than the hypothetical mean of 3, suggesting that participants agreed with this statement to a high degree.

Similarly, as observed in the above table, item number (2), which states "*I feel that I can protect myself and my family from diseases by following the available health guidelines*", has a mean score of 3.87. The value of $t = 21.61$, and the P-value is 0.000, which is less than the significance level of 0.05. This also indicates a statistically significant positive response from the participants regarding this item. Hence, the mean score of this item is also greater than the hypothetical value of 3, indicating that participants agreed with this statement to a high degree. In general, the results related to the dimension concerning self-efficacy and cues to action indicate that most participants agreed with the statements associated with this dimension.

4.8.Hypothesis testing:

H1: *There is a statistically significant relationship between the use of social media by health sector students and their adoption of the recommended health behaviors.*

To test the hypothesis regarding the relationship between the use of social media by health sector students and their adoption of recommended health behaviors, the correlation coefficient between the two variables (use of social media by health sector students) and (adoption of health behaviors) was calculated. The results are presented in Table (4.7).

Table (4.7): *Correlation coefficient between social media use and health behaviors among health sector students*

Dimension	Statistics	Adoption Health Behaviors
Social Media Usage	Correlation coefficient	0.575
	P-Value	0.000
	Sample size	377

Pearson's correlation test was used to examine the relationship between the use of social media by students in the health sector at universities in the Gaza Strip and their adoption of healthy behaviors. The results, presented in Table (4.7), indicate that the p-value is 0.000, which is less than 0.05. This suggests a statistically significant relationship at the level of $(\alpha \leq 0.05)$ between social media use by health sector students in Gaza universities and their adoption of healthy behaviors. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis, which states that there is a statistically significant relationship at the level of $(\alpha \leq 0.05)$ between the use of social media by health sector students in Gaza universities and their adoption of healthy behaviors.

H2: There is a statistically significant relationship between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip.

To test the hypothesis regarding the relationship between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip, the correlation coefficient between the two variables (using health content on social media) and (improving awareness and reducing disease among health sector students in the Gaza Strip) was calculated. The results are presented in Table (4.8).

Table (4.8): Correlation coefficient between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip

Dimension	Statistics	Improving awareness and reducing disease among health sector students in the Gaza Strip
Using health content on social media	Correlation coefficient	0.738
	P-Value	0.000
	Sample size	377

Pearson's correlation test was used to examine the relationship between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip. The results, presented in Table (4.8), indicate that the p-value is 0.000, which is less than 0.05. This suggests a statistically significant relationship at the level of ($\alpha \leq 0.05$) between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis, which states that there is a statistically significant relationship at the level of ($\alpha \leq 0.05$) between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip.

H3: There is a statistically significant relationship between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip.

To test the hypothesis regarding the relationship between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip, the correlation coefficient between the two variables (using health content on

social media) and (improving awareness and reducing disease among health sector students in the Gaza Strip) was calculated. The results are presented in Table (4.9).

Table (4.9): *Correlation coefficient between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip*

Dimension	Statistics	Improving awareness and reducing disease among health sector students in the Gaza Strip
Using health content on social media	Correlation coefficient	
	P-Value	0.000
	Sample size	377

Pearson's correlation test was used to examine the relationship between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip. The results, presented in Table (4.9), indicate that the p-value is 0.000, which is less than 0.05. This suggests a statistically significant relationship at the level of ($\alpha \leq 0.05$) between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis, which states that there is a statistically significant relationship at the level of ($\alpha \leq 0.05$) between using health content on social media and improving awareness and reducing disease among health sector students in the Gaza Strip.

H4: There is a statistically significant relationship between the knowledge gained from health content on social media and actual changes in health behaviors on the ground among health sector students.

To test the hypothesis regarding the relationship between the knowledge gained from health content on social media and actual changes in health behaviors on the ground among health sector students, the correlation coefficient between the two variables (health knowledge) and (health behaviors) was calculated. The results are presented in Table (4.10).

Table (4.10): *Correlation coefficient between the knowledge gained from health content on social media and actual changes in health behaviors on the ground among health sector students*

Dimension	Statistics	Health behaviors
Health Knowledge (Health Awareness)	Correlation coefficient	0.583
	P-Value	0.000
	Sample size	377

Pearson's correlation test was used to examine the relationship between the knowledge gained from health content on social media and actual changes in health behaviors on the ground among health sector students. The results, presented in Table (4.10), indicate that the p-value is 0.000, which is less than 0.05. This suggests a statistically significant relationship at the level of ($\alpha \leq 0.05$) between the knowledge gained from health content on social media and actual changes in health behaviors on the ground among health sector students. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis, which states that there is a statistically significant relationship at the level of ($\alpha \leq 0.05$) between the knowledge gained from health content on social media and actual changes in health behaviors on the ground among health sector students.

H5: *There is a statistically significant relationship between different age groups among health sector students and their level of exposure and impact from health content on social media.*

To test the hypothesis regarding the relationship between different age groups among health sector students and their level of exposure and impact from health content on social media, One Way ANOVA was calculated. The results are presented in Table (4.11).

Table (4.11): One Way ANOVA: (Age)

Dimension	Sum of Squares	Df	Mean Square	F	P-Value
Social Media Usage and	76.244	2	38.122		
Exposure to Health-Related	242.322	374	0.648	58.837	0.000
Content	318.566	376			
	22.438	2	11.219		
Health Behaviors	106.877	374	0.286	39.260	0.000
	129.315	376			

The results presented in Table (4.11) indicated that there are differences in respondents' opinions regarding the two main dimensions of the study: the effectiveness of health awareness programs delivered through social media platforms and their impact on health behaviors among health sector students in universities within the Gaza Strip. These differences are attributed to the age variable, with the differences favoring the age group of 21–22 years.

Chapter (V)

Discussion and Conclusion

Chapter (V)

Discussion and Conclusion

5.1.Introduction

This chapter summarizes the research, starting with the discussion results, interpreting the results and linking them to previous literature, then drawing the general conclusions of the study. Finally, a set of actionable recommendations for future research are proposed for stakeholders and relevant parties.

5.2.Discussion of the Results

The results of this study demonstrate that social media serves as a powerful tool in raising awareness among health sector students in Gaza Strip universities.

The first main finding in this study confirmed a statistically significant positive relationship between the use of social media in improving awareness and reducing disease among health sector students in Gaza Strip. This finding strongly supports the findings of the study (Al-Dmour et al., 2020), which concluded that the use of social media platforms positively affects awareness of behavioral variables in the field of public health.

Also, the study (Gamboa et al., 2019), which, although it focused on a younger age group (14–18 years), demonstrated the effectiveness of social media as a powerful tool for preventive measures, confirming that digital interaction is transforming into real-life health practices.

The study results revealed a positive association between the use of health content and increased awareness. It indicated that engaging with health content, and focusing specifically on it, leads to a greater impact. This responds to the recommendations of (Ghahramani et al., 2022), which called for the design of awareness campaigns that go beyond awareness to achieve behavioral change. This study provides quantitative evidence that this strategy is effective. The fourth hypothesis demonstrated a strong relationship between acquired health knowledge and actual changes in health behaviors ($r = 0.583$). This result bridges the often theoretical gap between awareness and action. This hypothesis provides support for the integrated model developed by (Al-Dmour et al., 2020), which placed health awareness and behavioral change as key mediating factors. Finally, the age group with the highest response to health content on social media was the 21-22 year old group. (Gamboa et al., 2019), found success with younger adolescents. This indicates that the impact of social media on health behaviors may occur during the early years of university, due to increased personal

independence and a higher level of culture. Digital health, as confirmed by a study (Abu Hamad et al., 2021), indicates that university students are the most effective beneficiaries of digital health resources.

Let's not forget the context of the Gaza Strip, where the health system is under constant pressure and deterioration. Here, social media has played a major role in disseminating important health information and promoting a culture of prevention.

5.3.Conclusion

The study successfully demonstrated that social media is an effective tool in promoting healthy behaviors among health sector students at universities within the Gaza Strip. The results also demonstrated that interaction with digital health content on social media platforms not only increases awareness but also translates into healthy behaviors on the ground. This effectively bridges the gap between knowledge and action in a region facing constant pressure. It has been confirmed that social media and health awareness are crucial for societal resilience, and awareness is an integral part of societal resilience.

5.4.Recommendations

Based on the results, it is recommended that:

1. Social media campaigns with health content be integrated as a key component of the national strategy for health promotion, especially during times of deteriorating health systems.
2. Universities and health colleges should offer courses such as digital health communication and its ethics, given their effective impact on health awareness.
3. Recommend that health content be tailored to the 21-22 age group using short videos and live broadcasts that answer their questions.
4. To international institutions: Support alternative solutions for internet access by providing satellites to the Gaza Strip, while ensuring access at prices commensurate with the economic situation in the Gaza Strip
5. Provide free electronic devices to the most vulnerable groups, especially students and health sector workers
6. Fund initiatives that produce digital health content by ministries, containing reliable and secure information, in light of these circumstances.

5.5.Recommendations for Future Research

1. Use longitudinal research to track a group of students over time and understand how the impact of social media on health behaviors evolves as students progress through their studies and lives.
2. Conduct studies on other students from non-medical specialties, with different backgrounds and ages, from the Gaza Strip.
3. Analyze the effectiveness of content, such as the use of visual elements, emotional tone, and linguistic style, for their impact on behavior change

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Appendices

Appendices

Midocean University

Faculty of Management

Department of Health management



I am **Bayan Kalloub**, a Master's candidate in Health Management at Midocean University, currently conducting a research study titled:

" Evaluating the Effectiveness of Health Awareness Programs on Social Media in Changing Health Behaviors among Health Sector Students in Gaza Strip Universities during the (2023–Present)

I kindly request your cooperation in answering this questionnaire.

All information provided will be treated with strict confidentiality and will be used solely for academic purposes.

Your participation is highly appreciated, and I thank you in advance for agreeing to take part in this study.

If you have any questions, please feel free to contact my honorable supervisor, Associate Professor **Dr. / Fayez Ali Jarad** or myself, **Bayan Kalloub** (Master's Candidate).

With sincere thanks and appreciation.

أشكر لكم حسن تعاونكم ...
وتفضلوا بقبول فائق الاحترام والتقدير،،،

الباحث بيان كلوب

المحور الأول / البيانات الديموغرافية

ضع/ي إشارة (√) أمام الإجابة المناسبة:

- 1- الجنس ☐ ذكر ☐ أنثى
- 2- العمر ☐ أقل من 25 سنة ☐ من 25 - أقل من 35 سنة ☐ من 35 - أقل من 45 سنة ☐ 45 سنة فأكثر

القسم الثاني: استخدام وسائل التواصل الاجتماعي والتعرض للمحتوى الصحي

م	الفقرات	أقل من مره في اليوم	1-2 مرات	3-5 مرات	6-10مرات	أكثر من عشر مرات
1	كم مرة تستخدم وسائل التواصل الاجتماعي (فيسبوك ,انستغرام ,يوتيوب ,تيك توك ,واتساب , تليجرام) يوميا؟	أقل من ساعة	من 1 إلى أقل من 3 ساعات	من 3 إلى أقل من 5 ساعات	من 5 إلى 7 ساعات	أكثر من 7 ساعات
2	كم ساعة تقضيها يوميا في تصفح المحتوى على وسائل التواصل الاجتماعي؟					
م	الفقرات	ابدا	نادرا	احيانا	غالبا	دائما
القسم الثالث استخدام وسائل التواصل الاجتماعي والتعرض للمحتوى الصحي						
1	كم مره تتعرض لمحتوى صحي (فيديوهات, منشورات, صور , رسوم بيانية					
2	هل تشاهد الفيديوهات التوعيه الصحيه التي تنشر على وسائل التواصل الاجتماعي					
3	هل تقرأ المنشورات أو المقالات الحيه التي تنشر على وسائل التواصل الاجتماعي					
4	هل تتفاعل مع المحتوى الصحي(اعجاب ,تعليق, مشاركة) على وسائل التواصل الاجتماعي؟					
5	هل تعتقد أن المحتوى الصحي على وسائل التواصل الاجتماعي يمكن أن يكون ما مدى معرفتك بأهميه النظافه الشخصيه للوقايه من الامراض في ظل الظروف الراهنه					
6	ما مدى معرفتك بأهميه النظافه الشخصيه للوقايه من الأمراض الشائعه في قطاع غزه (مثل أمراض الجهاز التنفسي, الأمراض الجلديه ,أمراض الجهاز الهضمي)					
القسم الرابع: المعرفة الصحية (الوعي الصحي)						
1	ما مدى معرفتك بكيفية التعامل مع حالات الطوارئ الصحيه والاسعافات الاوليه					
2	ما مدى معرفتك بأهميه الصحه النفسيه وكيفية التعامل مع الضغوط النفسيه في ظل الظروف الراهنه؟					
3	ما مدى معرفتك بالمصادر المتاحة للحصول على الرعاية الصحيه في قطاع غزه حاليا					
4	هل ساهم المحتوى الصحي الذي تشاهده على وسائل التواصل الاجتماعي في زياده معرفتك الصحيه؟					
م	الفقرات	ابدا	نادرا	احيانا	غالبا	دائما
البعد الرابع السلوكيات الصحيه						
1	هل تحرص على تغطية فمك وأنفك عند السعال أو العطس؟					

م	الفقرات	ابدا	نادرا	احيانا	غالبا	دائما
2	هل تقوم بغسل يديك بالماء والصابون بانتظام، خاصة بعد استخدام المرحاض وقبل تناول الطعام؟					
3	هل تتجنب لمس وجهك (عينيك، أنفك، فمك) قدر الإمكان؟					
4	هل تبحث عن الرعاية الطبية المتاحة عند الشعور بأعراض مرضية؟					
5	هل تحاول تطبيق الإرشادات الصحية التي تتعلمها من وسائل التواصل الاجتماعي في حياتك اليومية؟					
6	هل قمت بتغيير أي من سلوكياتك الصحية بناءً على معلومات حصلت عليها من وسائل التواصل الاجتماعي؟					
البعد الخامس القسم الخامس: الحواجز التي تواجه الوصول الى المحتوى الصحي عبر وسائل التواصل الاجتماعي						
1	انقطاع التيار الكهربائي المتكرر يؤثر على قدرتي على الوصول إلى وسائل التواصل الاجتماعي					
2	ضعف أو انقطاع خدمة الإنترنت يؤثر على قدرتي على الوصول إلى المحتوى الصحي.					
3	وجود معلومات صحية خاطئة أو مضللة على وسائل التواصل الاجتماعي يجعلني أتردد في الاعتماد عليها.					
4	كثرة الأخبار السلبية والمحتوى غير الصحي على وسائل التواصل الاجتماعي تجعلني أتجنب تصفحها..					
5	عدم توفر محتوى صحي كافٍ أو متخصص يلبي احتياجاتي على وسائل التواصل الاجتماعي					
6	عدم القدرة على فهم المصطلحات الطبية المعقدة في المحتوى الصحي على وسائل التواصل الاجتماعي					

م	الفقرات	لا أوافق بشدة	لا أوافق	محاييد	أوافق	أوافق بشدة
1	أشعر بالثقة في قدرتي على تطبيق الإرشادات الصحية التي أتعلمها من وسائل التواصل الاجتماعي					
2	أشعر أنني أستطيع حماية نفسي وعائلتي من الأمراض باتباع الإرشادات الصحية المتاحة.					
3	عندما أرى منشورًا أو فيديو توعويًا صحيًا مهمًا، أشعر بالدافع لتطبيق ما تعلمته					
4	نصائح الأطباء أو المختصين الذين أتابعهم على وسائل التواصل الاجتماعي تحفزني على تغيير سلوكياتي					
5	حملات التوعية الصحية التي تُنشر على وسائل التواصل الاجتماعي تشجعني على اتخاذ إجراءات وقائية.					

أشكركم على سعة صدركم،،،