

Media Use, Nutrition Literacy and Dietary Behaviour Among Young Professionals in India

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Abstract

This study examines the relationship between media use, nutrition literacy, and dietary behaviour among young working professionals in Hyderabad, India, situating the inquiry within the broader context of rapid urbanisation, digital media expansion, and rising diet-related non-communicable diseases. Drawing on health communication and behavioural theories, the research investigates whether and how media engagement functions as a determinant of dietary practices beyond individual-level nutritional knowledge.

Using a cross-sectional survey design, data were collected from 144 respondents aged 21–35 through a structured questionnaire. Statistical analyses included descriptive statistics, Spearman's rank correlation, non-parametric tests (Mann–Whitney U and Kruskal–Wallis H), and multiple linear regression.

Findings reveal a significant positive association between media use and dietary behaviour ($\rho = 0.33$, $p < 0.001$), with media engagement emerging as a significant predictor of healthier dietary practices ($\beta = 0.256$, $p < 0.001$). In contrast, nutrition literacy demonstrated a weak and statistically non-significant relationship with dietary behaviour ($\rho = 0.13$, $p = 0.123$), indicating that knowledge alone may not translate into behavioural change. Demographic analyses further show that media usage varies significantly by age and living arrangement, while gender, education, and income do not exhibit significant differences.

The study contributes to health communication scholarship by highlighting the primacy of behavioural media engagement over cognitive knowledge in shaping dietary outcomes. It advances theoretical discussions by integrating perspectives from Social Cognitive Theory, Uses and Gratifications Theory, and the Knowledge Gap Hypothesis, emphasizing the role of media as a social and behavioural environment rather than merely an informational source.

Practically, the findings underscore the need for media-centred, behaviourally engaging health communication strategies that move beyond information dissemination toward interactive, context-sensitive interventions. The study calls for future research to examine media content quality, credibility, and longitudinal behavioural effects across diverse populations.

Keywords: Health Communication; Media Use; Nutrition Literacy; Dietary Behaviour; Young Adults; Urban India; Digital Media; Health Information Seeking; Behaviour Change; Non-Communicable Diseases

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1. Introduction

Rapid urbanisation, digital transformation, and changing food environments have significantly reshaped dietary practices among young adults in India. These shifts are closely associated with the rising burden of diet-related non-communicable diseases (DR-NCDs), including obesity, diabetes, and cardiovascular diseases (International Institute for Population Sciences [IIPS] & Ministry of Health and Family Welfare [MoHFW], 2021; Reddy et al., 2005). Urban populations, particularly young professionals, are increasingly exposed to sedentary lifestyles and energy-dense food environments, accelerating what has been described as the “nutrition transition” (Misra et al., 2011; Popkin, 2006). In cities such as Hyderabad, these transformations are particularly pronounced, making young working adults a critical demographic for understanding contemporary dietary behaviour.

In response to these health risks, individuals are increasingly turning to media platforms for nutrition-

related information. Digital media—including social media, health websites, blogs, and online communities—has become a primary source of health information, offering both accessibility and immediacy (Choudhury et al., 2022; Kaur et al., 2021). However, this evolving media ecosystem is characterised by a mix of evidence-based information, user-generated content, and commercially driven messaging, creating a complex and often contradictory information environment (Loeb et al., 2019; Ventola, 2014). While media has the potential to promote health awareness and behaviour change, it also facilitates the dissemination of misinformation and nutritionally unsound advice, particularly in the absence of critical evaluation skills (Syed-Abdul et al., 2020; Waszak et al., 2018).

Within this context, nutrition literacy emerges as a key determinant of how individuals engage with and utilise nutrition information. Defined as the ability to access, understand, evaluate, and apply nutritional information, nutrition literacy extends beyond basic knowledge to

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include critical and interactive competencies (Haldeman, 2023; Krause et al., 2018). It is closely linked to broader constructs of health literacy, which play a central role in enabling individuals to make informed health decisions (Nutbeam, 2000; Silk et al., 2008). However, empirical evidence suggests that higher levels of knowledge do not always translate into healthier dietary practices, particularly in complex media environments where conflicting information is prevalent (Sharf et al., 2012; Spronk et al., 2014).

Health communication scholarship has increasingly recognised that behavioural outcomes are shaped not only by knowledge but also by media engagement, social influence, and contextual factors. Theoretical frameworks such as the Health Belief Model (Rosenstock, 1974), Social Cognitive Theory (Bandura, 1986, 2001), Uses and Gratifications Theory (Katz et al., 1973), and the Knowledge Gap Hypothesis (Tichenor et al., 1970) provide important insights into how individuals process and act upon mediated health information. Social Cognitive Theory, for instance, emphasises observational learning, self-efficacy, and reciprocal determinism in shaping behaviour, particularly in media-rich environments (Bandura, 1986, 2001). Similarly, Uses and Gratifications Theory highlights the active role of audiences in selecting media based on their informational, emotional, and identity-related needs (Katz et al., 1973). At the same time, the Knowledge Gap Hypothesis underscores how socio-economic inequalities shape access to and comprehension of information, leading to differential health outcomes despite widespread media availability (Dang et al., 2019; Friel et al., 2007; Tichenor et al., 1970). These perspectives collectively position media not merely as an informational tool but as a social and behavioural environment influencing dietary decision-making processes.

Despite the growing body of research on nutrition literacy and dietary behaviour, there remains limited empirical work examining how media use interacts with nutrition literacy to influence dietary practices among young urban adults in India. Much of the existing literature focuses either on knowledge-based determinants or on general patterns of media exposure, without adequately capturing their combined and differential effects. Furthermore, the role of socio-demographic factors—such as age, gender, education, income, and living arrangements—in shaping media engagement for nutrition information remains underexplored (Nelson & Fleming, 2019; Parija et al., 2020).

Addressing this gap, the present study investigates the relationship between media use, nutrition literacy, and dietary behaviour among young working professionals aged 21–35 in Hyderabad. Specifically, it examines (1) the associations among these variables, (2) the predictive role of media use and nutrition literacy in shaping dietary behaviour, and (3) the influence of socio-demographic factors on media engagement. By integrating communication theory with empirical analysis, the study contributes to a more nuanced understanding of how

media environments shape health behaviours in rapidly urbanising contexts.

The study ultimately demonstrates that media engagement plays a more significant role than nutrition literacy alone in influencing dietary behaviour, underscoring the need to move beyond knowledge-centric models of health communication toward more behaviourally oriented and media-sensitive approaches. These insights hold important implications for designing effective, contextually relevant health communication strategies targeting urban youth.

2. Literature Review

2.1. Nutrition Literacy and Dietary Behaviour

Nutrition literacy has emerged as a critical construct in public health and health communication, reflecting individuals' capacity to access, understand, evaluate, and apply nutrition-related information in everyday decision-making (Krause et al., 2018; Haldeman, 2023). It extends beyond functional knowledge to include interactive and critical competencies, enabling individuals to navigate complex food environments and assess the credibility of dietary information (Nutbeam, 2000; Silk et al., 2008).

Empirical research consistently suggests a positive association between nutrition literacy and healthier dietary practices. Individuals with higher levels of nutrition literacy are more likely to interpret food labels accurately, adopt balanced diets, and avoid high-risk consumption patterns (Sharf et al., 2012; Spronk et al., 2014). However, this relationship is not always linear or deterministic. Several studies indicate that despite possessing adequate knowledge, individuals may fail to translate literacy into practice due to contextual constraints such as time limitations, affordability, social norms, and environmental influences (Satia, 2010; Pelletier et al., 2014).

In the Indian context, research on nutrition literacy remains limited, particularly among young urban populations. Existing studies highlight gaps in understanding food labels and dietary guidelines, suggesting that knowledge deficits coexist with rapidly changing food consumption patterns (Singla, 2010). Moreover, the ongoing nutrition transition—characterised by increased consumption of processed foods and sedentary lifestyles—has further complicated the relationship between knowledge and behaviour (Misra et al., 2011; Popkin, 2017). These findings indicate that while nutrition literacy is necessary, it may not be sufficient to drive sustained dietary behaviour change.

2.2. Media Use and Health Information Seeking

The proliferation of digital media has transformed the landscape of health information seeking, positioning media platforms as central sources of nutrition-related knowledge. Individuals increasingly rely on social media, online forums, and digital health platforms for information on diet, fitness, and wellness (Parija et al., 2020). This shift reflects broader changes in

communication patterns, where users actively seek, curate, and share information within networked environments.

Digital media offers several advantages, including accessibility, immediacy, and the ability to personalise content. However, it also introduces challenges related to information quality, credibility, and commercial influence. Studies have shown that online health information often includes misleading or biased content, particularly when driven by influencers or commercial interests (Loeb et al., 2019; Ventola, 2014). The spread of misinformation is further amplified by algorithmic amplification and user engagement dynamics, which prioritise sensational or emotionally appealing content over accuracy (Waszak et al., 2018; Syed-Abdul et al., 2020).

In the Indian context, the rapid expansion of smartphone use and affordable internet access has intensified reliance on digital media for health information. However, disparities in digital literacy and critical evaluation skills may limit users' ability to discern credible information from misleading content (Banaji et al., 2020). This creates a paradox where increased access to information does not necessarily lead to improved health outcomes, highlighting the need to examine how media use interacts with individual competencies such as nutrition literacy.

2.3. Media Influence on Dietary Behaviour

Beyond information dissemination, media plays a significant role in shaping attitudes, norms, and behaviours related to food consumption. Exposure to health-related content can influence dietary choices through mechanisms such as social modelling, normative reinforcement, and emotional engagement. Social Cognitive Theory posits that individuals learn behaviours by observing others, particularly when role models are perceived as credible or aspirational (Bandura, 1986, 2001). In digital environments, influencers and peer networks often serve as such role models, promoting specific dietary practices and lifestyles.

Empirical studies demonstrate that media exposure can both positively and negatively influence dietary behaviour. On one hand, exposure to educational content and public health campaigns can promote healthier eating habits and increase awareness of nutritional risks (Nabi & Prestin, 2016). On the other hand, exposure to unrealistic body ideals, fad diets, and commercially driven content can lead to unhealthy behaviours, including restrictive dieting and misinformation-driven choices (Nelson & Fleming, 2019).

Importantly, media influence is not uniform but varies across demographic and socio-economic groups. Factors such as age, gender, education, and income shape both media access and the interpretation of content, leading to differential behavioural outcomes (Friel et al., 2007; Dang et al., 2019). This variability underscores the importance of examining media use within specific

socio-cultural contexts, particularly in rapidly urbanising settings like Hyderabad.

2.4. Theoretical Perspectives on Media, Literacy, and Behaviour

The relationship between media use, nutrition literacy, and dietary behaviour is best understood through an integrative theoretical lens. The Health Belief Model (HBM) suggests that individuals' health behaviours are influenced by their perceptions of risk, benefits, barriers, and self-efficacy (Rosenstock, 1974). In the context of nutrition, media can act as a cue to action by highlighting health risks and promoting preventive behaviours.

Social Cognitive Theory (SCT) further emphasises the role of observational learning, social influence, and self-efficacy in behaviour change (Bandura, 1986, 2001).

Media platforms provide a space where individuals observe and emulate behaviours demonstrated by peers, celebrities, and influencers, reinforcing certain dietary norms.

Uses and Gratifications Theory (UGT) shifts the focus to the active role of audiences, suggesting that individuals selectively engage with media to fulfil specific needs such as information seeking, identity formation, and social interaction (Katz et al., 1973). This perspective highlights that media use is purposive and context-dependent, influencing how individuals engage with nutrition-related content.

Finally, the Knowledge Gap Hypothesis posits that disparities in socio-economic status lead to unequal access to and understanding of information, resulting in widening knowledge and behaviour gaps (Tichenor et al., 1970). In the Indian context, where digital access and educational levels vary widely, this framework is particularly relevant in explaining differences in nutrition literacy and dietary outcomes (Friel et al., 2007).

These theoretical frameworks provide a comprehensive understanding of how media exposure, individual competencies, and structural factors interact to shape dietary behaviour.

2.5. Research Gap

Despite extensive research on nutrition literacy and media use, several gaps remain. First, existing studies often examine nutrition literacy and media exposure in isolation, without adequately capturing their interaction in shaping dietary behaviour. Second, there is limited empirical evidence from the Indian context, particularly focusing on young working professionals who are highly exposed to digital media yet navigating complex lifestyle transitions.

Third, much of the literature adopts a knowledge-centric approach, assuming that increased information leads to behavioural change. However, emerging evidence suggests that behavioural outcomes are influenced more by engagement, social context, and media environments than by knowledge alone. Finally, the role of socio-demographic factors in moderating media use and its effects on dietary behaviour remains underexplored.

Addressing these gaps, the present study investigates the combined and differential effects of media use and nutrition literacy on dietary behaviour among young professionals in Hyderabad. By integrating theoretical perspectives with empirical analysis, it contributes to a more nuanced understanding of health communication in digitally mediated environments.

3. Materials and Methods

This study adopted a quantitative, cross-sectional research design to examine the relationships among media use, nutrition literacy, and dietary behaviour among young working professionals in Hyderabad, India. A cross-sectional approach was appropriate for capturing patterns and associations between variables at a single point in time within a rapidly evolving urban and digital environment. The design was non-experimental, focusing on identifying relationships and predictive influences rather than establishing causality, consistent with established approaches in health communication research.

The study was conducted in Hyderabad, a metropolitan city characterised by rapid urbanisation, digital media penetration, and changing dietary environments. The target population comprised young working professionals aged 21–35 years across sectors such as information technology, healthcare, education, and other service industries. This demographic was selected due to its high exposure to digital media, increasing autonomy in lifestyle decisions, and vulnerability to diet-related behavioural changes associated with urban living.

A non-probability convenience sampling technique was employed to recruit participants due to practical constraints and the exploratory nature of the study. A total of 144 respondents were included, which was sufficient for conducting correlation and regression analyses. Participants were required to meet the inclusion criteria of being within the specified age range, currently employed, and actively using media to access nutrition-related information.

Data were collected using a structured questionnaire, designed to comprehensively capture socio-demographic characteristics, media usage patterns, nutrition literacy, and dietary behaviour. The instrument was divided into four major components to ensure conceptual clarity and measurement precision.

The first section collected demographic information, including age, gender, education level, monthly income, and living arrangements (e.g., living with family, shared housing, or independently). These variables were included to contextualise dietary practices and media use, as both are shaped by socio-economic status, cultural norms, and living conditions. Such factors are particularly relevant in urban Indian contexts where lifestyle heterogeneity influences health behaviours.

The second section assessed media usage for nutrition-related information. Participants reported their preferred sources of information, including platforms such as YouTube, Instagram, blogs, and health applications. The questionnaire captured the frequency of media use, types

of content engaged with (e.g., recipes, diet advice, influencer-led content), and perceived credibility of different sources. Additionally, this section examined the influence of advertisements and social media influencers on food choices through agreement-based Likert scale items, allowing for the assessment of persuasive media effects on dietary decision-making.

The third section measured nutrition literacy, using an adapted version of the Nutrition Health Literacy Scale (NHLS) developed by Griebler et al. (2024). The scale was modified to include culturally relevant food examples suitable for the Indian context. It assessed four key domains: accessing, understanding, appraising, and applying nutrition information. Participants responded using a 5-point Likert scale, and composite scores were generated for each domain as well as an overall nutrition literacy score. This multidimensional approach enabled a more nuanced assessment of literacy beyond basic knowledge.

The fourth section assessed dietary behaviour using a modified version of the Food Frequency Questionnaire (FFQ) originally developed by the Harvard T. H. Chan School of Public Health. Participants reported their frequency of consumption of various food groups over the past week, including whole grains, fruits, vegetables, fast foods, sugary beverages, snacks, and protein supplements. This section enabled the classification of dietary patterns, distinguishing between healthy eating behaviours and reliance on processed or energy-dense foods.

The questionnaire primarily consisted of closed-ended items, including Likert-scale measures, to facilitate quantitative analysis. Data collection was conducted through both online and offline modes to maximise accessibility and participation among working professionals. Participants were informed about the purpose of the study, and informed consent was obtained prior to participation. Confidentiality and anonymity were ensured, and no personally identifiable information was collected.

Data analysis was conducted using statistical software, employing both descriptive and inferential techniques. Descriptive statistics were used to summarise demographic characteristics and key variables. Normality tests (including the Shapiro–Wilk test) indicated that the data were not normally distributed, necessitating the use of non-parametric methods. Accordingly, the Mann–Whitney U test and Kruskal–Wallis H test were applied to examine differences across demographic groups.

Spearman's rank correlation was used to assess the relationships among media use, nutrition literacy, and dietary behaviour. Additionally, multiple linear regression analysis was conducted to evaluate the predictive effects of media use and nutrition literacy on dietary behaviour while controlling for socio-demographic variables. Composite scores were calculated for all major constructs, with higher scores indicating greater media engagement, higher nutrition literacy, and healthier dietary behaviour.

Media Use, Nutrition Literacy and Dietary Behaviour Among Young Professionals in India

Ethical considerations were strictly followed throughout the study. Participation was voluntary, informed consent was obtained, and respondents were assured of confidentiality and anonymity. The study posed minimal risk, as it did not involve any intervention or sensitive data collection.

Despite its strengths, the study has certain limitations. The use of convenience sampling limits the

generalisability of findings, and reliance on self-reported data may introduce response bias. Additionally, the cross-sectional design restricts causal inference. However, the methodological approach provides robust insights into the interplay between media use, nutrition literacy, and dietary behaviour within a relevant urban population.

4. Results

4.1 Descriptive Statistics

Demographic Variable	Category	Frequency	Percentage
Gender	Male	85	59.03
	Female	59	40.97
Age	21-25	111	77.08
	26-30	22	15.28
	31-35	11	7.64
Education Level	Postgraduate	50	34.72
	Undergraduate	47	32.64
	PhD	28	19.44
	Matriculation	17	11.81
	Intermediate	2	1.39
Income Level	30,000 - 75,000	62	43.06
	Less than 30,000	52	36.11
	More than 75,000	30	20.83
Living Arrangements	With Family	44	30.56
	Hostel/Paying Guest	36	25
	Shared Accommodation	34	23.61
	Alone	30	20.83

Table 1 presents the demographic profile of the 144 participants included in this study, all of whom are young working professionals residing in Hyderabad. The sample demonstrates a relatively balanced gender distribution, with 59.03% male and 40.97% female respondents, although males constitute a slightly larger proportion.

In terms of age, the sample is predominantly young, with a substantial majority (77.08%) falling within the 21–25 age group. Participants aged 26–30 years account for 15.28%, while only 7.64% fall within the 31–35 age range. This indicates that most respondents are in the early stages of their professional lives, a period often associated with evolving lifestyle choices, increased media exposure, and transitions in dietary behaviour.

The educational profile of the sample reflects a relatively high level of academic attainment. A majority of respondents hold postgraduate (34.72%) or undergraduate (32.64%) degrees, while a notable proportion have doctoral qualifications (19.44%). Smaller segments reported matriculation (11.81%) and intermediate-level education (1.39%). This distribution

suggests that the sample is largely well-educated, which may influence both access to nutrition-related information and the ability to interpret it.

Income distribution indicates that most participants fall within the middle-income category. The largest group (43.06%) reported monthly earnings between ₹30,000 and ₹75,000, followed by 36.11% earning less than ₹30,000 and 20.83% earning above ₹75,000. This variation captures differences in economic capacity that may influence food choices, lifestyle patterns, and access to digital media resources.

With respect to living arrangements, participants reported diverse residential contexts. Approximately 30.56% live with family, 25% reside in hostels or paying guest accommodations, 23.61% live in shared housing, and 20.83% live independently. These living conditions are particularly relevant, as they may shape dietary practices through factors such as food availability, social influence, and shared consumption habits.

The sample represents a young, urban, and socio-economically diverse population with substantial engagement in modern work and living environments,

Media Use, Nutrition Literacy and Dietary Behaviour Among Young Professionals in India

providing an appropriate context for examining the relationships between media use, nutrition literacy, and dietary behaviour.

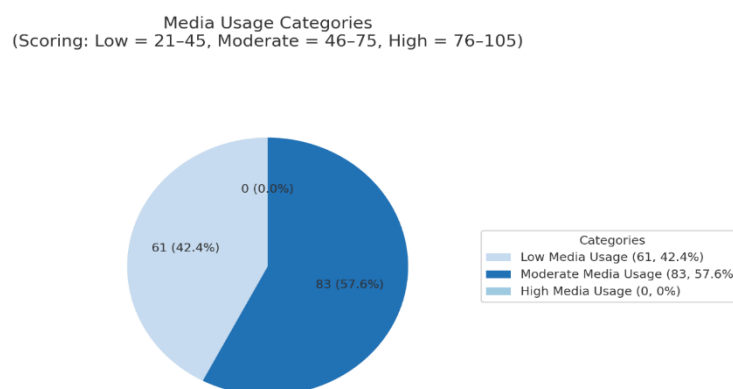


Figure 1: Pie Chart for Media Usage

Figure 1 shows the distribution of Media Usage scores among participants based on specific categories. Most participants, 57.64% (n = 83), fell into the Moderate Media Usage group, with scores between 46 and 75. In contrast, 42.36% (n = 61) were classified as Low Media Users, with scores ranging from 21 to 45. Notably, no participants reported High Media Usage, which includes scores from 76 to 105.

This distribution indicates that most respondents engaged with nutrition-related media at moderate or low levels. There were no instances of very high engagement. The prevalence of moderate users suggests that average levels of media interaction are typical among young working professionals in Hyderabad

Figure 1: Pie Chart for Nutritional Literacy
Nutritional Literacy Categories
(Scoring: Low = 12-24, Moderate = 25-42, High = 43-60)

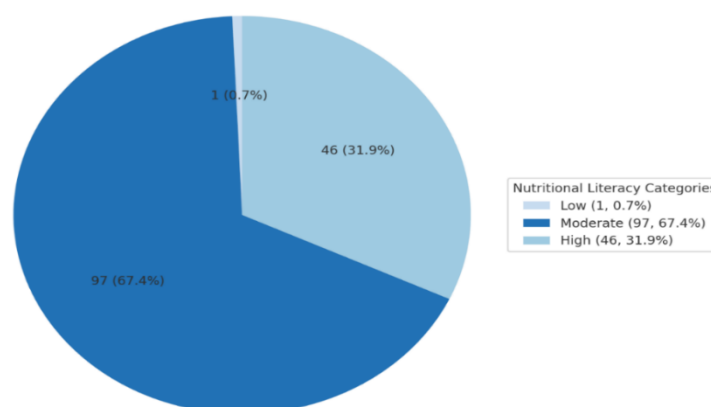


Figure 2 illustrates the distribution of Nutritional Literacy scores among participants. A majority, 67.36% (n = 97), fell into the Moderate Nutritional Literacy category (scores 25-42), while 31.94% (n = 46) were classified in the High Literacy category (scores 43-60). Only 0.69% of the respondents (n = 1) scored within the Low Literacy range (scores 12-24).

This distribution indicates that most young working professionals in Hyderabad possess a moderate to high

understanding of nutrition-related information. The fact that only one participant demonstrated low literacy suggests that basic nutrition knowledge is widespread within the sample. The relatively high proportion of participants achieving moderate and high scores reflects a good general awareness of nutritional concepts, which may stem from educational backgrounds, urban media exposure, or lifestyle interests common in this demographic

Media Use, Nutrition Literacy and Dietary Behaviour Among Young Professionals in India

Dietary Habits Categories
(Scoring: Unhealthy = 0–14, Moderately Healthy = 15–29, Highly Healthy = 30–42)

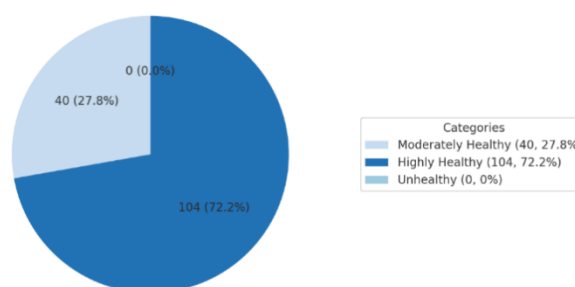


Figure 2: Pie Chart for Dietary Habits

Figure 3 presents the distribution of participants according to their Dietary Habits scores. A substantial majority, 72.22% (n = 104), were categorized under Highly Healthy Dietary Habits, corresponding to scores between 30 and 42. The remaining 27.78% (n = 40) were placed in the Moderately Healthy Dietary Habits category, with scores ranging from 15 to 29. Notably, no participants fell into the Unhealthy Dietary Habits group (score range: 0–14).

This distribution suggests that the dietary behavior of young working professionals in Hyderabad is generally

positive, with most participants adhering to healthier eating practices. The high percentage of individuals in the highly healthy category reflects a strong inclination toward balanced diets, likely influenced by increasing health awareness and urban lifestyle factors. The absence of participants in the unhealthy category further indicates that very poor dietary habits are rare within this sample, highlighting a promising baseline for public health efforts targeting this demographic.

4.2 Correlation Analysis

Table 2: Spearman Correlation Matrix

Variable 1	Variable 2	ρ (rho)	p-value
Media Usage	Dietary Behaviour	0.33	< 0.001
Nutritional Literacy	Dietary Behaviour	0.13	0.123
Media Usage	Nutritional Literacy	0.14	0.097

Spearman’s rank correlation was used to examine relationships among media usage, nutritional literacy, and dietary behaviour, as the data violated normality assumptions (particularly for dietary habits). This non-parametric test is appropriate for assessing monotonic relationships in such cases.

The results showed a significant positive association between media usage and dietary behaviour ($\rho = 0.33$, $p < 0.001$), indicating that higher media engagement is

linked to healthier eating practices. In contrast, nutritional literacy was not significantly associated with dietary behaviour ($\rho = 0.13$, $p = 0.123$), and its relationship with media usage was also non-significant ($\rho = 0.14$, $p = 0.097$).

Overall, these findings suggest that media engagement plays a more influential role than nutritional knowledge in shaping dietary behaviour among young working professionals.

4.3 Inferential Statistics

4.3.1 Socio-Demographic Factor and Media Usage

Table 2: Non-Parametric Test for Socioeconomic Factors

Socioeconomic Factor	Test Use	Statistic	p-value
Gender	Mann–Whitney U Test	2337.5	0.490
Age*	Kruskal–Wallis Test	7.58	0.023
Education Level	Kruskal–Wallis Test	6.42	0.170
Income Level	Kruskal–Wallis Test	3.49	0.174
Living Arrangement*	Kruskal–Wallis Test	12.93	0.005

The results of the non-parametric tests examining differences in media usage across socio-demographic factors are presented in Table X. The Mann–Whitney U test indicated that gender did not have a statistically significant effect on media usage ($U = 2337.5, p = 0.490$), suggesting comparable levels of engagement among male and female participants.

In contrast, the Kruskal–Wallis H test revealed statistically significant differences across age groups ($H = 7.58, p = 0.023$), indicating that media usage varies by age within the sample. Similarly, living arrangement was found to significantly influence media usage ($H = 12.93, p = 0.005$), suggesting that participants’

residential contexts are associated with differing levels of engagement with nutrition-related media.

However, education level ($H = 6.42, p = 0.170$) and income level ($H = 3.49, p = 0.174$) did not show statistically significant differences, indicating that media usage patterns are relatively consistent across these socio-economic categories.

These findings suggest that life stage and living environment play a more significant role in shaping media engagement behaviours than traditional socio-economic indicators such as education and income within this urban sample.

4.3.1 Post-hoc Analysis: Age and Media Usage

Table 3: Pairwise Mann-Whitney U Test Results (Age)

Group 1	Group 2	U-Statistic	p-value
21–25 years	26–30 years	764.0	0.006
21–25 years	31–35 years	635.0	0.830
26–30 years	31–35 years	158.5	0.157

Post-hoc Mann–Whitney U tests revealed a significant difference between participants aged 21–25 and 26–30 years ($U = 764.0, p = 0.006$), indicating higher media usage among the younger group. No significant differences were observed between 21–25 and 31–35 years ($p = 0.830$) or 26–30 and 31–35 years ($p = 0.157$).

These results suggest that media engagement is highest among the youngest age group, with limited variation across older groups.

4.3.2 Post-hoc Analysis: Living Arrangement and Media Usage

Table 4. Pairwise Mann-Whitney U Test Results (Living Arrangement)

Group 1	Group 2	U-Statistic	p-value
Alone	With Family	527.5	0.145
Alone	Hostel/Paying Guest	524.0	0.841
Alone	Shared Accommodation	691.0	0.015
With Family	Hostel/Paying Guest	926.0	0.196
With Family	Shared Accommodation	1071.5	0.001
Hostel/Paying Guest	Shared Accommodation	805.5	0.023

Post-hoc pairwise comparisons revealed that participants in shared accommodation reported significantly higher media usage compared to those living alone ($p = 0.015$), with family ($p = 0.001$), and in hostels/paying guest arrangements ($p = 0.023$). No

significant differences were observed among the remaining groups.

These findings suggest that shared living environments are associated with greater engagement with nutrition-related media, potentially reflecting the influence of peer interactions and collective lifestyle practices.

4.4 Multiple Linear Regression Analysis

Predictor	B (coef)	Std. Error	t	p-value	95% CI (Lower)	95% CI (Upper)
Constant	20.000	3.500	5.714	< 0.001	13.086	26.914
Media Usage	0.256	0.065	3.938	< 0.001	0.127	0.385

Statistic	Value
R ²	0.128
Adjusted R ²	0.116
F-statistic	10.30
p (F-statistic)	< 0.001
N	144

| Nutritional Literacy | 0.134 | 0.073 | 1.820 | 0.070 | -0.011 | 0.279 |

Multiple linear regression analysis was conducted to assess the predictive effects of media usage and nutritional literacy on dietary behaviour. The overall model was statistically significant ($F(2, 141) = 10.30, p < 0.001$), explaining approximately 12.8% of the variance in dietary behaviour.

Among the predictors, media usage emerged as a significant positive predictor ($B = 0.256, p < 0.001$), indicating that higher engagement with nutrition-related media is associated with healthier dietary practices. In contrast, nutritional literacy did not significantly predict dietary behaviour ($B = 0.134, p = 0.070$), suggesting that knowledge alone may not translate into behavioural change.

These findings reinforce the earlier correlation results, highlighting that media engagement plays a more influential role than nutritional knowledge in shaping dietary behaviour, and underscore the importance of behavioural and contextual factors in health communication.

5. Discussion

This study examined the relationships between media usage, nutritional literacy, and dietary behaviour among young working professionals in Hyderabad, offering insights into how health behaviours are shaped within an urban, digitally mediated environment.

The findings reveal that media usage is a significant predictor of dietary behaviour, with both correlation ($\rho = 0.33, p < 0.001$) and regression results ($B = 0.256, p < 0.001$) indicating that greater engagement with nutrition-related media is associated with healthier eating practices. This aligns with Social Cognitive Theory, which emphasizes observational learning and behavioural modelling (Bandura, 1986, 2001). In digital environments, individuals are exposed to influencers and peer practices that shape dietary norms. Prior research supports this, showing that social media health content significantly influences food attitudes and behaviours among young adults (Freeman et al., 2015; Hefner et al., 2020). In the Indian context, similar patterns have been observed, where urban youth rely on influencers and digital content for dietary decision-making (Choudhury et al., 2021).

These findings suggest that media functions not only as an information source but also as a behavioural environment, reinforcing norms and practices through continuous exposure and social validation (Kite et al., 2020).

In contrast, nutritional literacy did not significantly predict dietary behaviour, highlighting a gap between knowledge and practice. This finding is consistent with previous research indicating that knowledge alone is insufficient for behaviour change (Spronk et al., 2014; Worsley, 2002). While participants demonstrated moderate to high literacy, this did not translate into healthier eating patterns. Nutbeam's (2000) framework helps explain this, distinguishing between functional,

interactive, and critical literacy; individuals may possess basic knowledge but lack the skills to evaluate or apply information effectively.

Additionally, exposure to conflicting and excessive online information may weaken the influence of accurate knowledge (Velardo, 2015). Behavioural models such as the Theory of Planned Behaviour (Ajzen, 1991) and the Health Belief Model (Rosenstock, 1974) further suggest that factors such as perceived control, social norms, and environmental constraints often override knowledge in shaping behaviour. Studies in India also support this pattern, showing that dietary choices are frequently influenced more by taste preferences, convenience, and peer influence than by nutritional knowledge (Dutt & Dhar, 2019).

The study also identified that age and living arrangement significantly influence media usage, whereas gender, education, and income do not. Younger participants (21–25 years) reported higher engagement, consistent with research showing that digital natives are more likely to seek health information online (Nabi & Prestin, 2016; Vaterlaus et al., 2015). Similarly, participants in shared living arrangements demonstrated higher media engagement, suggesting the role of peer influence and social environments in shaping media behaviour (Huang et al., 2014).

The absence of significant differences across education and income reflects the increasing democratization of digital media access in urban India, where affordable internet and widespread smartphone use have reduced traditional access barriers (Banaji et al., 2020).

Taken together, the findings highlight a key insight: behavioural engagement with media is more influential than nutritional knowledge in shaping dietary practices. This supports broader health communication frameworks that emphasize engagement, social context, and behavioural reinforcement over purely cognitive approaches.

From a practical perspective, these results suggest that health interventions should move beyond information dissemination toward interactive, media-driven strategies that incorporate peer influence, behavioural nudges, and culturally relevant content. Given that the model explains a modest proportion of variance, future interventions should also consider broader factors such as food environments, workplace constraints, and psychosocial influences.

This study contributes to health communication research by demonstrating that media acts as a behavioural driver rather than merely an informational tool in shaping dietary practices among urban youth. However, the findings should be interpreted in light of certain limitations, including the cross-sectional design, non-probability sampling, and reliance on self-reported data. Future research should adopt longitudinal designs and examine content quality, platform-specific effects, and psychosocial mediators to better understand the

pathways linking media engagement and dietary behaviour.

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