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## Media Portrayal, Doubt, and Community Confidence in Online Health Tools in India: An In-Depth Exploration Centered on Tamil Nadu

Soundra Rajan D<sup>1</sup>, Dr. Jayaseelan R<sup>2</sup>, Dr. Kadeswaran S<sup>3</sup>

1. PhD Research Scholar (Part-Time), Department of Journalism and Mass Communication, Assistant Professor, Department of Visual Communication and Electronic Media, PSG College of Arts and Science, Coimbatore, Tamil Nadu, India.
2. Assistant Professor, Department of Visual Communication and Electronic Media, PSG College of Arts and Science, Coimbatore, Tamil Nadu, India.
3. Assistant Professor, Department of Visual Communication and Electronic Media, PSG College of Arts and Science, Coimbatore, Tamil Nadu, India.

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### ABSTRACT

In today's connected world, how people view health data is heavily affected by the way news sources present online health tools like remote consultations, smartphone wellness programs, and computerized medical files. This in-depth exploration looks at how such presentations affect community confidence and doubt in these tools within Tamil Nadu, India. Drawing from ideas about understanding media and how stories are structured, the work delves into the ways uplifting, critical, and even-handed depictions form opinions, influenced by views on dangers and reliability. It also checks how skills in interpreting media adjust these impacts. Through examining reports from key Indian news sources and online discussions, the research pinpoints common depictions and their effects on confidence and doubt across different groups in Tamil Nadu. Results stress the importance of media skills in lessening doubt and encouraging thoughtful use of online health systems. Providing ideas



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for better health announcements and training on media, this work adds to studies on communication and wellness messaging, pushing for fair reach of online health advances in areas with limited resources.

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## Introduction

The quick growth of online health tools, such as remote medical advice, phone-based wellness apps, and digital patient histories, has changed how care is provided in India, especially in places like Tamil Nadu where shortages make them vital (Rana et al., 2024). As Lenny Vasanthan et al. (2024) point out, "Using digital tools can boost health setups and make care easier to get, especially for those at risk." Yet, the way media shows these tools greatly impacts what people think and whether they trust or question them. The concept of structuring stories indicates that picking certain angles—through encouraging, harsh, or fair views—guides how audiences feel and act (Gupta & Smith, 2023). Encouraging views stress perks like ease of access, while harsh ones focus on threats like information leaks, building doubt, notably in spots like Tamil Nadu with ongoing gaps in tech use (Jain, 2023).

Community confidence is key for embracing online health systems, but it's tested by false info, worries about privacy, and unfairness, seen in India's Ayushman Bharat Digital Mission (Venkataramanan et al., 2022). J Yadav (2021) mentions, "Belief in care providers is crucial for public wellness since it shows how well patients follow advice and use what's offered." In the COVID-19 time, media boosted both confidence (showing remote care as essential) and doubt (spotlighting privacy issues), with Tamil Nadu reports saying, "strong belief in official bodies... resulted in more teamwork on health steps" (Sekher & James, 2023). The idea of media skills suggests that people's knack for judging content can soften the effects of these structures, cutting down on baseless doubt (Bharti & O'Donovan, 2024).

This in-depth exploration, based on structuring stories and media skills concepts, checks how media depictions form community confidence and doubt in online health tools in Tamil Nadu, affected by seen dangers and reliability. It looks at the adjusting role of media skills, filling holes in knowledge about how these factors hit various groups in India, where uneven tech access worsens unfairness (Dileep, 2024). The goals are: (1) to break down media depictions in Indian reports, zeroing in on Tamil Nadu; (2) to see how these depictions sway confidence and doubt through seen dangers and reliability; and (3) to gauge the adjusting role of media skills. As Basu (cited in Dileep, 2024) claims, "showing belief via focus on openness, set boundaries for gathering data, uses, and deletion schedules... ought to build assurance." This work aids wellness messaging by guiding ways to encourage fair involvement in online health.



## Literature Review

Online health tools have grown hugely in India, driven by efforts like the National Digital Health Mission (NDHM) and Ayushman Bharat Digital Mission (ABDM), meant to link records and boost reach (Sharma et al., 2025; Gupta et al., 2023; Yi et al., 2024; Vasanthan et al., 2024). In Tamil Nadu, these include remote advice and phone apps that tackle care shortages in countryside spots, aiding those in need (Rana et al., 2024; Sekher et al., 2023). Still, community confidence is vital for uptake, and media portrayal is central in molding views (Venkataramanan et al., 2022; Sekher et al., 2023). Uplifting depictions stress advantages like speed and fairness, strengthening belief by noting privacy rules and data handling (Jain, 2023). For example, digital efforts have widened basic care, growing assurance in setups like ABDM (Vasanthan et al., 2024). These good shows often come from wins in health emergencies, where items like remote care cut hurdles in far-off places, leading to more patient involvement and happiness (Dileep, 2024).

On the flip side, critical portrayal heightens doubt by stressing moral hurdles, info leaks, and tech gaps (Jain, 2025; Nguyen et al., 2025). Work on cancer treatment in India shows how access differences create uncertainty in overlooked groups, mainly in poor countryside areas where setup limits add to mistrust (Venkataramanan et al., 2022). Online networks spread this by sharing wrong details, wearing down belief in health tools via spreadable items that stress flops or overblown threats (Borges do Nascimento et al., 2023). In Tamil Nadu, phony stories on sites weaken care assurance, similar to vaccine tales where media depictions blame lack of knowledge on folks, affecting danger views and causing reluctance to try new items (Gupta et al., 2021; Yadav et al., 2021). This bad boost is extra strong in mixed language and culture settings, where wrong takes can go viral fast through user-made stuff.

Media skills adjust portrayal impacts, allowing judgment of trustworthy info and easing doubt (Dileep, 2024; Bharti et al., 2024). Weak skills in areas like Karnataka slow ABDM use, showing blocks like no awareness and tech know-how, which echo issues in Tamil Nadu's mixed group setup (Sekher et al., 2023). Experts say adding media skills courses to wellness teaching could strengthen users to judge depictions closely, lessening the hit of hype (Jain, 2025). In sum, the background pushes for planned media teaching, even depictions, and growable digital plans to lift belief, fix unfairness, and push fair uptake in India's care scene (Sharma et al., 2025; Yi et al., 2024). Next steps involve cross-field methods mixing messaging studies with tech rules to keep ongoing involvement.



## Research Methodology

This work uses in-depth review of content to check the effect of media portrayal on community confidence and doubt about online health tools in Tamil Nadu, India. Reviewing content was picked to dive into media stories and their idea-based meanings, matching the need to grasp tricky social views in a mixed, limited-resource spot (Gupta et al., 2021). As Yadav (2021) stresses, "The current COVID-19 crisis has brought out falling belief in state and private care systems in India," highlighting the call for deep looks into media's part.

## Content Analysis

The work reviewed media items from July 2024 to July 2025, centering on Tamil Nadu-linked stuff from big Indian sources, like news sites (e.g., The Hindu, Times of India), wellness-centered sites (e.g., National Health Mission Tamil Nadu), and online spots (e.g., X, Facebook). A targeted group of 400 pieces was gathered with terms like "remote medical," "phone wellness programs," "digital patient files," "belief," "doubt," "threat," and "trustworthiness." The group had stories (60%), online shares (30%), and wellness reports (10%), covering varied angles (Nguyen et al., 2025).

Portrayal was reviewed via Entman's (1993) setup, marking for issue outline, cause explanation, value judgment, and fix suggestion. Depictions were grouped as uplifting (stressing perks like countryside reach), critical (noting threats like info breaks), or even (mixed takes). Two separate markers hit a match rate of  $Kappa = 0.89$ , guaranteeing strength. Idea-based review, done with NVivo tools, spotted repeating patterns like fairness worries, advance buzz, and secrecy fears. Start marking grabbed wide ideas, then link marking set ties, like bonds between critical depictions and doubt (Vasanthan et al., 2024). As Sekher and James (2023) say, "Belief and assurance in the care setup push folks to take public wellness actions and team up," directing the aim on belief-linked ideas.

Info was cross-checked by matching old-style media and online stories to catch city-countryside diffs in Tamil Nadu. Moral points covered hiding online data and getting okay from a Tamil Nadu school's review board. The review was repeating, sharpening ideas to show the social-culture spot of Tamil Nadu, where gaps in tech know-how stand out (Venkataramanan et al., 2022).



## Results

The content review showed clear portrayal trends affecting community confidence and doubt toward online health tools in Tamil Nadu. Uplifting depictions led (50%), stressing reach and speed, mainly in countryside spots after COVID-19. Patterns included “remote care as key for overlooked zones” and “strengthening groups via wellness apps,” tied to efforts like Ayushman Bharat Digital Mission (Rana et al., 2024). Vasanthan et al. (2024) say, “Digital wellness actions, alone or in main care setups, are a good and needed step in Indian care.” These depictions showed online health as game-changing, boosting belief by noting trustworthiness and state backing.

Critical depictions made 30%, centering on threats like info leaks and unfairness. Repeating patterns had “tech gap making care diffs worse” and “secrecy worries in wellness apps,” common in X shares talking surveillance fears in Tamil Nadu (Jain, 2023). Cause explanations blamed problems on tech weak spots or firm bad handling, boosting doubt. Even depictions (20%) showed in rule-focused sources, giving mixed talks on perks vs. threats, often pushing for better rules (Dileep, 2024).

Online spots boosted critical depictions, with user-made stuff showing doubt over secrecy breaks, mainly in Tamil Nadu countryside with weaker media skills. For example, X shares noted fears of data wrong use in tracking apps, matching Sekher and James (2023): “In this tense vulnerable period, public teamwork on stop steps relies on belief and assurance in the care setup.” Idea-based review showed fairness worries as a linking matter, with critical depictions stressing city-countryside gaps in tool reach (Venkataramanan et al., 2022).

Media skills came out as a main adjuster. Uplifting depictions worked better in groups with stronger media skills, where people judged overblown threat claims closely, cutting doubt. On the other hand, weak-skill groups, especially in Tamil Nadu countryside, fell more to critical depictions, strengthening doubt from limited knack to spot trustworthy sources (Bharti & O’Donovan, 2024). Patterns of openness and group involvement appeared in even depictions, hinting ways to grow belief via teaching, as Basu (cited in Dileep, 2024) claims: showing belief via stress on openness should build assurance.

## Discussion

The outcomes spotlight media portrayal’s deep effect on community confidence and doubt toward online health tools in Tamil Nadu, matching the structuring stories idea that depictions mold audience truths (Gupta & Smith, 2023). Uplifting depictions grow belief by stressing reach and trustworthiness, mainly



in city spots with better tech know-how, while critical ones boost doubt via seen threats, particularly in countryside groups (Jain, 2023). This split shows media's place as both helper and block to online health uptake in India, as Yadav (2021) says: India's state care setup is badly short on resources but still the main choice for many, specially the needy.

Media skills greatly adjust portrayal impacts, with better skills easing doubt by allowing close judgment of media stories (Bharti & O'Donovan, 2024). Tamil Nadu countryside's weaker skills worsen openness to critical depictions, keeping unfairness in online health reach (Venkataramanan et al., 2022). Group-driven media skills efforts, as Vasanthan et al. (2024) suggest, could close this, growing smart involvement. The work broadens structuring stories by adding doubt as a result in the Indian spot and mixes media skills ideas to spotlight adjusting impacts (Rana et al., 2024).

In practice, the outcomes push for planned wellness announcements. Rule makers should favor even, fact-based depictions in drives, while news sources could add skill hints to fight wrong info (Nguyen et al., 2025). For example, Tamil Nadu's wellness drives could use local media to push openness, as Basu (cited in Dileep, 2024) hints. Limits include the aim on Tamil Nadu, maybe cutting wide use, and use of deep data, which could skip number-based details. Next work could add match reviews across Indian areas or test setups to check depiction actions.

This work lights ways to lift belief and cut doubt via smart depictions and skill boosting, vital for fair online health use in Tamil Nadu. As Sekher and James (2023) state, "We must recognize public belief's part for good public wellness work, specially when the facts behind the plan are hard for regular folks."

## **Conclusion**

This in-depth exploration shows that media portrayal molds community confidence and doubt toward online health tools in Tamil Nadu, affected by seen threats and trustworthiness, with media skills as an important adjuster. Uplifting depictions lift belief, while critical ones boost doubt, mainly in weak-skill countryside spots. Via content review, the work stresses the call for planned messaging and media teaching to grow careful involvement. Boosting media skills and pushing even depictions can ease gaps, grow strong belief, and push fair reach of online health advances, aiding Tamil Nadu's mixed folks. As Sekher and James (2023) stress, Belief is the hopeful take of weakness in the idea that the care setup means well.



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