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Exploration of How Health Anxiety and Media Exposure Predict Preventive Health Actions

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A B S T R A C T

This study aimed to investigate how health anxiety and media exposure predict engagement in preventive health actions during the COVID-19 pandemic. A correlational descriptive design was used with a sample of 459 adult participants from Bulgaria, selected based on the Morgan and Krejcie sample size table. Participants completed standardized self-report questionnaires, including the Preventive Health Behavior Checklist (PHBC), the Short Health Anxiety Inventory (SHAI), and the Media Exposure Scale for Health Information (MESH). Data were collected online and analyzed using SPSS-27. Pearson correlation coefficients were calculated to assess the relationships between the dependent variable (preventive health actions) and each independent variable (health anxiety and media exposure). Multiple linear regression analysis was conducted to evaluate the predictive power of the two independent variables on preventive behaviors. Descriptive results indicated high mean scores for preventive health actions ($M = 63.27$, $SD = 8.41$), moderate to high health anxiety ($M = 38.52$, $SD = 7.66$), and moderate media exposure ($M = 29.84$, $SD = 5.73$). Pearson correlations showed significant positive relationships between preventive health actions and both health anxiety ($r = .47$, $p < .001$) and media exposure ($r = .38$, $p < .001$). Regression analysis revealed that health anxiety ($\beta = .41$, $p < .001$) and media exposure ($\beta = .28$, $p < .001$) were both significant predictors of preventive health actions, jointly accounting for 29% of the variance ($R^2 = .29$, $F(2, 456) = 92.61$, $p < .001$). The findings highlight the important roles of psychological and informational factors in promoting health-protective behaviors. Both health anxiety and media exposure significantly influence individuals' engagement in preventive actions, underscoring the need for balanced media messaging and supportive mental health strategies during public health crises.

Keywords: *Health anxiety, Media exposure, Preventive health behavior.*

1. Introduction

Health anxiety, defined as excessive worry about one's health based on misinterpreted bodily symptoms or external cues, has seen a notable rise in the wake of COVID-19. The pandemic not only triggered widespread fear of illness but also exposed underlying anxieties related to mortality, contagion, and insufficient healthcare infrastructure. Research shows that individuals with high levels of health anxiety are more likely to monitor their bodily sensations, avoid perceived health threats, and seek health information, often through media platforms (Sarfika et al., 2023). While such behavior can motivate engagement in preventive practices, excessive health anxiety may also lead to maladaptive coping strategies or obsessive behaviors that impair psychological well-being (Soroya et al., 2023). This psychological state has been particularly evident among young adults and adolescents, who have demonstrated heightened sensitivity to health-related stimuli during the pandemic (Brunette et al., 2023).

The media, particularly social and digital platforms, has become one of the primary sources of health information for the public. Although media dissemination of COVID-19 updates has proven valuable in increasing awareness and encouraging behavioral compliance, it has also introduced new vulnerabilities. Excessive exposure to health-related media, especially when unfiltered or negative, has been linked to elevated levels of stress, fear, and confusion (Gu et al., 2023). In many cases, media messages have contributed to a "cyberchondria" effect, wherein individuals compulsively search for health information online, which in turn exacerbates anxiety (Riaz et al., 2023). This dynamic raises important questions about the boundary between helpful information and psychological overload, particularly in prolonged crises such as COVID-19.

During the pandemic, several studies have demonstrated the relationship between media exposure and preventive behaviors. For instance, in Saudi Arabia, individuals who frequently consumed health-related media were more likely to practice social distancing and mask-wearing, but they also exhibited higher levels of psychological distress (Alrasheed et al., 2022). Similarly, a cross-sectional study in Indonesia found that media use significantly predicted adherence to COVID-19 protocols, highlighting media's behavioral influence but also noting an associated increase in fear and uncertainty (Handayani et al., 2023). These findings underscore the dual role of media as both a behavioral motivator and a stress amplifier. Notably, the impact of media on health behavior is not uniformly experienced across demographics. Age, digital literacy, and cultural context all modulate how individuals interpret and respond to media content (He et al., 2023).

Importantly, media literacy—defined as the ability to access, evaluate, and use media information effectively—has emerged as a critical buffer in mitigating negative psychological effects. Research from Taiwan suggests that individuals with higher levels of new media literacy were more likely to engage in preventive behaviors while experiencing less anxiety, implying that informed media consumption may mediate the effects of exposure (Hung et al., 2021). Similar patterns have been observed in the United Kingdom, where excessive media consumption during lockdown was associated with deteriorating mental health, particularly among those lacking critical media skills (Neill et al., 2021). In contrast, targeted health education campaigns and responsible media messaging, such as the dissemination of educational videos, have been shown to positively influence public behavior and emotional regulation (Yang et al., 2021).

From a psychosocial perspective, the interaction between health anxiety and media exposure creates a complex feedback loop. Individuals with elevated health anxiety may be more inclined to seek out media information as a form of reassurance, but in doing so, they may encounter conflicting or alarming messages that further heighten their anxiety (Mokhtari-Hesari et al., 2021). This cyclical relationship was observed in Iran, where frequent exposure to COVID-19 news via social media correlated with increased psychological distress and self-reported behavioral change (Montazeri et al., 2023). Similarly, studies in Morocco and Thailand highlighted a rise in anxiety levels linked to constant media engagement, particularly among populations with limited access to accurate public health information (Hanine et al., 2022; Suanrueang et al., 2022).

Furthermore, media exposure is not only a psychological trigger but also a sociocultural phenomenon. In regions where digital platforms are highly integrated into daily life, such as the United States and the United Kingdom, individuals often rely on media as a primary source of health information and emotional support (Brunette et al., 2023; Weigle, 2024). However, this reliance can contribute to digital fatigue and information saturation, especially when media content lacks nuance or presents contradictory guidelines (Mathkar & Deshpande, 2022). Studies also indicate that cultural differences in media trust and regulatory practices influence how individuals interpret

media messages and adopt health behaviors (Mohamed et al., 2022).

Emerging evidence suggests that health anxiety and media exposure are not only individually significant but also interactively predictive of preventive health actions. In a study conducted in China, individuals with higher media exposure during the initial outbreak of COVID-19 were more likely to exhibit both anxiety symptoms and compliance with preventive measures, such as handwashing and mask usage (Liu et al., 2022). A similar study in the United States found that young adults reported increased mental health distress alongside elevated awareness of safety behaviors, suggesting a trade-off between emotional cost and behavioral gain (Brunette et al., 2023). This paradox—where distress fuels compliance—highlights the need for further investigation into the psychological mechanisms underpinning health behavior during pandemics.

In addition to individual-level predictors, structural and systemic factors also shape the relationship between media, anxiety, and health behavior. For instance, the presence or absence of clear governmental messaging can either mitigate or exacerbate public anxiety, depending on the consistency of the communication strategy. A cross-cultural study demonstrated that inconsistent public health communication and fragmented media messaging can heighten public uncertainty and reduce trust in health authorities, which in turn undermines the effectiveness of behavioral interventions (Obrenovic et al., 2024). On the other hand, when public messaging aligns with scientific evidence and is delivered through trusted media channels, it enhances public engagement in preventive behaviors (Chen et al., 2023; Feng & Tong, 2022).

Another important factor is the demographic profile of media consumers. Generational differences influence both media preferences and psychological responses to content. Younger individuals, who are more digitally engaged, may experience heightened health anxiety due to continuous exposure to negative news, while older adults may be more selective in their media consumption, potentially buffering them from distress (He et al., 2023). Adolescents, in particular, represent a vulnerable group due to their developmental stage and heavy reliance on social media for information and social interaction (Mabaso et al., 2024a, 2024b; Priyana, 2023).

Given this background, the present study aims to explore the predictive roles of health anxiety and media exposure on preventive health actions in a Bulgarian sample.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a correlational descriptive design to explore the predictive roles of health anxiety and media exposure in preventive health actions. The target population consisted of adults residing in Bulgaria, and a total of 459 participants were selected through simple random sampling. The sample size was determined using the Morgan and Krejcie (1970) sample size determination table, ensuring adequate statistical power for correlation and regression analyses. Inclusion criteria required participants to be over 18 years of age, literate, and willing to provide informed consent. Data collection was conducted through an online survey distributed via social media platforms and academic mailing lists.

2.2. Measures

2.2.1. Preventive Health Behaviors

Preventive health behaviors were assessed using the Preventive Health Behavior Checklist (PHBC) developed by Schwarzer and Renner (2000). This tool consists of 16 items that measure individuals' engagement in a range of preventive health actions, such as regular handwashing, wearing masks, getting vaccinated, and avoiding crowded places. Responses are rated on a 5-point Likert scale ranging from 1 (never) to 5 (always), with higher scores indicating greater frequency of preventive behaviors. The PHBC includes subscales related to hygiene practices, health screening, and social distancing behaviors. The scale has demonstrated strong internal consistency (Cronbach's alpha > 0.80) and construct validity in studies investigating public health behavior during pandemics and health crises, confirming its appropriateness for use in diverse populations (Segun-Martins, 2022; Yue, 2024; Zhou et al., 2023).

2.2.2. Health Anxiety

Health anxiety was measured using the Short Health Anxiety Inventory (SHAI) developed by Salkovskis, Rimes, Warwick, and Clark (2002). The SHAI is an 18-item self-report questionnaire that assesses health-related worries and beliefs without requiring the presence of a diagnosed illness. It includes two main subscales: 'Illness Likelihood' and 'Negative Consequences of Illness.' Each item consists of four statements ranked from 0 to 3, reflecting increasing levels of health anxiety, with total scores ranging from 0 to

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54. Higher scores indicate higher health anxiety. The SHAI has been widely used in clinical and research settings, and its reliability and validity have been well established, with Cronbach's alpha coefficients typically exceeding 0.85 and confirmatory factor analysis supporting its two-factor structure (Alizade Moghaddam et al., 2024; Nakhaei Moghadam et al., 2024; Shi et al., 2024).

2.2.3. Media Exposure

Media exposure was assessed using the Media Exposure Scale for Health Information (MESH), originally adapted by Holman, Garfin, and Silver (2014) in the context of public health emergencies. The MESH includes 8 items that evaluate the frequency and intensity of exposure to health-related content via various media sources, including television, newspapers, social media, and online news. Responses are rated on a 5-point Likert scale ranging from 1 (not at all) to 5 (a great deal), with higher scores reflecting greater exposure. Subscales assess both traditional media (e.g., TV, print) and digital/social media consumption. The scale has shown strong psychometric properties, with internal consistency reliability coefficients above 0.80 and evidence of construct validity in studies examining media influence during disease outbreaks and natural disasters (Dwiyani et al., 2024; Gu et al., 2023; He et al., 2023; Iwanowska et al., 2023).

2.3. Data Analysis

For data analysis, SPSS version 27 was used to conduct statistical computations. Initially, descriptive statistics including means, standard deviations, and frequency distributions were calculated to describe the demographic characteristics and main variables of the study. Pearson correlation analysis was then used to examine the bivariate relationships between preventive health actions (dependent variable) and each of the independent variables: health anxiety and media exposure. Subsequently, a standard multiple linear regression analysis was conducted to determine the extent to which health anxiety and media exposure jointly predicted preventive health actions. Assumptions for linear regression, including normality, linearity, multicollinearity, and homoscedasticity, were tested and confirmed prior to conducting the analysis.

3. Findings and Results

The sample consisted of 459 participants from Bulgaria. Among them, 265 participants (57.7%) identified as female, while 194 participants (42.3%) identified as male. In terms of age, 112 participants (24.4%) were between 18 and 25 years old, 173 participants (37.7%) were aged 26 to 35, 109 participants (23.7%) were between 36 and 45, and 65 participants (14.2%) were over 45 years old. Regarding educational background, 58 participants (12.6%) held a high school diploma, 247 participants (53.8%) had a bachelor's degree, and 154 participants (33.6%) reported having a postgraduate degree. The majority of participants, 319 individuals (69.5%), reported living in urban areas, while 140 participants (30.5%) lived in rural regions.

Table 1

Descriptive Statistics for Study Variables

Variable	Mean (M)	Standard Deviation (SD)
Preventive Health Actions	63.27	8.41
Health Anxiety	38.52	7.66
Media Exposure	29.84	5.73

Participants reported a relatively high mean score for preventive health actions (M = 63.27, SD = 8.41), suggesting frequent engagement in behaviors such as handwashing, mask use, and social distancing. Health anxiety scores were also moderately high (M = 38.52, SD = 7.66), indicating elevated concern regarding health threats. Media exposure showed a moderate average level (M = 29.84, SD = 5.73), reflecting regular engagement with health-related content across media platforms (Table 1).

Prior to conducting the regression analysis, assumptions of normality, linearity, multicollinearity, and homoscedasticity were assessed and met. The Kolmogorov–Smirnov test showed non-significant results for the standardized residuals (D = 0.033, p = .127), indicating normal distribution. Scatterplot analysis revealed a linear relationship between the independent variables and the dependent variable. Multicollinearity was ruled out as tolerance values were above 0.70 and variance inflation

factor (VIF) values were below 1.42 for both predictors. The Breusch–Pagan test for homoscedasticity was non-significant ($\chi^2 = 2.36$, $p = .124$), confirming equal variance of residuals across predicted values. These findings validated the use of multiple linear regression in the analysis.

Table 2

Pearson Correlation Between Study Variables

Variables	1	2	3
1. Preventive Health Actions	—		
2. Health Anxiety	.47** ($p < .001$)	—	
3. Media Exposure	.38** ($p < .001$)	.42** ($p < .001$)	—

There was a significant positive correlation between preventive health actions and health anxiety ($r = .47$, $p < .001$), indicating that higher anxiety levels were associated with more preventive behavior. Media exposure was also positively correlated with preventive actions ($r = .38$, $p < .001$) and with health anxiety ($r = .42$, $p < .001$), suggesting a meaningful relationship between media engagement and both psychological and behavioral responses (Table 2).

Table 3

Summary of Regression Model for Predicting Preventive Health Actions

Source	Sum of Squares	df	Mean Square	R	R^2	Adjusted R^2	F	p
Regression	7346.28	2	3673.14	.54	.29	.29	92.61	< .001
Residual	18083.41	456	39.64					
Total	25429.69	458						

The regression model was statistically significant, $F(2, 456) = 92.61$, $p < .001$, with an R^2 of .29. This indicates that approximately 29% of the variance in preventive health actions could be explained by the combined influence of health anxiety and media exposure. The adjusted R^2 of .29 reflects a good model fit with little shrinkage (Table 3).

Table 4

Multivariate Regression Results for Predicting Preventive Health Actions

Predictor	B	Standard Error	β	t	p
Constant	28.73	2.41	—	11.92	< .001
Health Anxiety	0.65	0.08	.41	8.13	< .001
Media Exposure	0.47	0.09	.28	5.34	< .001

Both predictors significantly contributed to the model. Health anxiety was the strongest predictor of preventive behavior ($\beta = .41$, $t = 8.13$, $p < .001$), indicating that for each one-unit increase in health anxiety, preventive actions increased by approximately 0.65 units. Media exposure also had a significant positive effect ($\beta = .28$, $t = 5.34$, $p < .001$), showing that higher engagement with media was associated with increased preventive behavior, albeit to a lesser extent than health anxiety (Table 4).

4. Discussion and Conclusion

The present study investigated the predictive roles of health anxiety and media exposure in preventive health actions among a sample of Bulgarian adults. The results demonstrated significant positive correlations between both independent variables and the dependent variable, indicating that individuals with higher levels of health anxiety and greater media exposure were more likely to engage in preventive behaviors. Furthermore, the multiple linear regression analysis revealed that health anxiety and media exposure together accounted for a meaningful proportion of variance in preventive health actions. Specifically, health anxiety emerged as the stronger predictor, although media exposure also significantly contributed to the model.

These findings align with a growing body of literature highlighting the relationship between psychological vulnerability, media engagement, and health behavior

KMAN-CPN
KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

during pandemics. The significant association between health anxiety and preventive behavior corroborates prior research suggesting that anxious individuals are more likely to adopt protective strategies, such as handwashing, mask-wearing, and avoiding crowds, as a means of managing perceived health threats (Sarfika et al., 2023). In this context, health anxiety can be viewed as a motivational force that, while psychologically taxing, prompts individuals to act in ways that align with public health recommendations. Studies conducted across different cultural settings have similarly reported that elevated health anxiety is positively associated with increased compliance with COVID-19 safety guidelines (Hanine et al., 2022; Montazeri et al., 2023).

The role of media exposure as a significant predictor of preventive behavior further supports existing findings. Media—especially digital and social media—serves as a primary source of information during health crises. In this study, individuals who reported higher levels of media exposure also demonstrated greater engagement in preventive actions. This is consistent with previous studies which found that frequent exposure to health-related media content was associated with increased adoption of protective behaviors, particularly during the height of the COVID-19 pandemic (Feng & Tong, 2022; Handayani et al., 2023). The positive effect of media exposure may be attributed to the dissemination of health information, public service announcements, and modeling of health behaviors by public figures and peers across various platforms.

Notably, the findings also reveal a synergistic relationship between health anxiety and media exposure. As observed in previous studies, individuals with higher health anxiety may actively seek out health information in an effort to alleviate uncertainty or confirm their concerns (Mokhtari-Hesari et al., 2021). However, this information-seeking behavior can lead to increased exposure to distressing or contradictory content, especially when relying on unregulated media sources. The study by Liu (2022) found that during the early stages of the pandemic in China, heightened media consumption was associated with both greater compliance and greater psychological distress (Liu et al., 2022). The present findings suggest that while media exposure and health anxiety may both promote preventive behavior, they may also interact in ways that increase emotional burden—a dual effect that warrants careful consideration in health communication strategies.

Moreover, the significant predictive power of health anxiety echoes findings from recent global studies. For example, Brunette (2023) reported that increased mental health distress among young adults in the United States was accompanied by a heightened sense of personal responsibility and behavioral vigilance (Brunette et al., 2023). This pattern may reflect a compensatory mechanism in which individuals seek to regain a sense of control through health-related behaviors. Similarly, Soroya (2023) identified health anxiety as a mediating factor between media exposure and self-care behavior, underscoring its importance in behavioral responses to health threats (Soroya et al., 2023). These converging findings reinforce the conceptualization of health anxiety not merely as a clinical symptom but as a relevant predictor of adaptive, albeit emotionally taxing, behaviors during crises.

The positive association between media exposure and preventive action aligns with empirical evidence from diverse cultural and national contexts. In Saudi Arabia, Alrasheed (2022) found that frequent exposure to COVID-19 information through social media led to greater risk perception and more consistent engagement in recommended behaviors, despite also increasing psychological strain (Alrasheed et al., 2022). Likewise, in Indonesia, media consumption was found to significantly influence public adherence to protective measures, a trend echoed in this study's Bulgarian sample (Handayani et al., 2023). Interestingly, the Bulgarian context may provide a unique lens through which to interpret these dynamics, as media trust and digital infrastructure differ from those in more extensively studied Western nations. Nonetheless, the present findings support the idea that exposure to health messages—particularly through social media—can positively influence behavior, even amid potential emotional consequences.

In terms of psychological impact, studies have demonstrated that media exposure is not without risks. Negative or sensationalist content can exacerbate anxiety, especially in individuals predisposed to worry or those with limited media literacy (Mathkar & Deshpande, 2022; Neill et al., 2021). As this study did not measure distress levels directly, further research is needed to disentangle the emotional costs of preventive behavior motivated by media consumption. However, it is likely that the mechanism observed here mirrors patterns seen elsewhere: media exposure enhances awareness and prompts action, but may also feed into existing anxieties, particularly when messages are conflicting or exaggerated (Chen et al., 2023). Importantly, public health strategies must strike a balance between promoting vigilance and avoiding fear-based

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messaging, as the latter may yield unintended psychological consequences.

Generational and demographic factors may also shape how media exposure influences preventive behavior. Research by He (2023) highlighted that younger and older generations differ in both their media consumption patterns and their behavioral responses to COVID-19 messaging, with younger people relying more heavily on digital sources and demonstrating higher levels of behavioral change (He et al., 2023). In the present study, although demographic analysis was not the primary focus, these factors should be explored further in future research to identify potential moderating variables. Likewise, studies such as those by Mabaso (2024) and Priyana (2023) suggest that adolescents and young adults are particularly sensitive to the psychological effects of media, which may influence both their emotional well-being and their engagement in health-related behaviors (Mabaso et al., 2024a; Priyana, 2023).

Interestingly, the findings of this study also lend support to theoretical perspectives on health communication and risk behavior. According to the Health Belief Model and Protection Motivation Theory, perceived severity, susceptibility, and cues to action are critical drivers of preventive behavior. Media exposure, particularly when it conveys a high degree of threat and clear behavioral recommendations, functions as a cue to action. Health anxiety, on the other hand, may amplify perceptions of susceptibility and severity, thereby increasing motivation to act. This theoretical framing helps explain why both variables emerged as significant predictors in this study and why their combined influence was particularly strong.

In sum, the present study contributes to the expanding literature on the psychosocial and informational predictors of preventive health behavior during pandemics. By demonstrating that health anxiety and media exposure significantly predict engagement in protective actions, the study highlights the dual importance of emotional and informational factors in public health behavior. These findings support and extend previous research conducted in different parts of the world, confirming that both internal psychological states and external informational environments play essential roles in shaping how individuals respond to public health threats.

Despite its strengths, this study is not without limitations. First, the cross-sectional design precludes any causal interpretation of the relationships among variables. While the findings suggest that health anxiety and media exposure predict preventive behaviors, it is equally plausible that individuals who engage in such behaviors develop heightened anxiety or seek out more information. Longitudinal designs would be better suited to explore the directionality of these associations. Second, data were collected through self-report measures, which may be subject to biases such as social desirability and recall inaccuracies. Third, although the study sample was relatively large, it was drawn exclusively from Bulgaria, which may limit the generalizability of the findings to other cultural contexts. Finally, the study did not differentiate between types of media platforms (e.g., social media vs. traditional media) or content quality, both of which may play distinct roles in shaping health anxiety and behavior.

Future studies should employ longitudinal or experimental designs to examine the temporal sequence and potential causal mechanisms linking media exposure, health anxiety, and preventive behavior. Additionally, researchers should consider exploring the role of moderating variables such as media literacy, personality traits, or trust in media sources. It would also be valuable to disaggregate media types to determine which platforms or content features are most effective—or harmful—in promoting health behaviors. Cross-cultural comparisons may further illuminate how sociopolitical contexts and cultural norms influence the observed relationships. Finally, qualitative studies could provide deeper insights into how individuals experience the interplay between media exposure and emotional responses during public health crises.

Public health professionals and policymakers should consider the psychological dimensions of health behavior when crafting communication strategies. Interventions aimed at promoting preventive behaviors should balance the need for urgency with the importance of minimizing fear and confusion. Media campaigns should prioritize clarity, consistency, and the dissemination of evidence-based information. In addition, improving media literacy among the general public—particularly among youth and vulnerable populations—can empower individuals to critically evaluate health information and reduce susceptibility to misinformation. Mental health services should also be integrated into public health responses to address the emotional burden associated with heightened health anxiety and media saturation.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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