Advanced International Journal for Research (AIJFR)
E-ISSN: 3048-7641 ● Website: www.aijfr.com ● Email: editor@aijfr.com

Impact of Social Media On Access to Health-Related Information: A Literature Review

Dr. Vasundhra Atre[1], Dr. Kajal Sitlani[2], Dr. Swapnil Gadhave[3]

[1]Associate Director Medical Services, Manipal Hospital, Kodihalli, Bengaluru, Karnataka, India.
[2]Assistant Professor IIHMR University, Jaipur, Rajasthan, India.
[3]Assistant Professor School of Digital Health, IIHMR University, Jaipur, Rajasthan, India.

Abstract

Background

At present, information as to the preferences of social media users, on social media sources that they access for communication of health and medical related information, the situations in which they access the information and the reasons that they do it, is lacking.

Objective

To review current published literature to characterise the use of social media as a tool to access both health and medical related information and identify gaps in the existing literature to be able to suggest recommendations for areas of future in the space of healthcare communication.

Methods

This systematic literature review has been done by using a controlled keyword search on various databases such as PUBMED, Springer, MDPI and other sources, which led to the final inclusion of papers published from 2013 to 2024.

Result

The search identified 225 articles. Of these, 42 met the inclusion criteria. They included studies which explored the social media sources used, the reasons why the social media users accessed these sources and their expectations based on the condition or specialty that they were accessing. The studies were all cross-sectional, exploratory, conceptual, longitudinal, qualitative and descriptive in nature. The most commonly used terminologies used to refer to online access methods for health-related information were social media, Facebook, Internet, Twitter, Patient portal, Email, YouTube, LinkedIn, Social Networking Sites, online health community and Websites. The common five reasons that individuals accessed healthcare information was to avail information, look for support, to connect with those with similar experiences, understand specific disease conditions, search doctor's reputation or level of expertise.

The type of information, resources perused, specialty searched and the reasons for the information search depended on whether it was for self or others, what the medical condition under consideration was and whether the search was only for information or there was a requirement for regular updates and a support system.

Conclusions

The penetration and access to social media is growing exponentially. Much of the healthcare related information being published on social media, is neither structured, nor reviewed and not cover all aspects desired by those accessing the information. The literature review identified three gaps as to the manner in which social media is used to access information relating to health. These suggested the need for randomised controls trials to help get a comprehensive understanding of the manner in which social media is accessed by social media users for health-related information, while exploring ways to monitor and improve both the trustworthiness and the quality of relevant health information.

Keywords: social media, Facebook, Twitter, Patient portal.

1. Introduction

Today, social media (SM) touches every area of our lives and has become an integral part of living. Social media refers to online platforms like Facebook, discussion forums, Instagram, etc which allow messaging, creation and sharing of content while carrying on multi-directional conversations [1]. How people interact, exchange ideas and content, communicate and work together has changed due to advanced social media tools. Man is a social animal, and an integral feature of being a human is the need and ability to network. At a personal and organizational level, SM has become a valuable platform for communication and facilitation of knowledge sharing [2].

As a channel, SM has gained popularity as an important online component of both consumer engagement and participation. With increasing digital orientation in all aspects of life, the healthcare industry is perceiving SM as an important way for the promotion of healthcare, enrolling new patients, employment, brand building, etc [3]. The social networking sites are being used by brands to increase brand awareness, meet engagement and word of mouth [4,5]. Social media carries the potential to improve health outcomes by allowing communication about health issues by the health professionals, patients and the public in general. (5). A powerful tool, SM allows users to collaborate while providing a mechanism for social interaction for a range of individuals [6].

Given the diverse sources and different formats and modalities of information available on SM, more and more users turn to it as a way to access health and medical related information. New opportunities are presented by social media to the consumer, for social interaction on the internet. SM allows consumers to generate content, connect to online communities, and network with other SM users [7].

While SM offers several benefits for health communication, there is a need to monitor the quality and reliability of information exchanged while maintaining the confidentiality and privacy of the user [8]. The large repository of health and medical related information and resources available online, are created by consumers of healthcare as well as by healthcare and related organisations. The health information sought on SM platforms and the internet hugely impact the populace, underlining the importance of ensuring reliable sources of information and ways of accessing them [9]. Given that the complexities of diagnosis and treatment options are growing, it is necessary to better understand whether the information available on SM meets the needs of those accessing it. This helps in making the available information more targeted and useful to the consumer [10].

To review current published literature to characterise the use of social media as a tool to access both health and medical-related information and identify gaps in the existing literature to be able to suggest recommendations for areas of future research in the space of healthcare communication [11].

2. Material & Method

The literature review was undertaken with the intent to understand how the general population uses social media to access medical information on social media [12]. The study focused on (i) the reasons that SM is used by individuals for accessing medical information (ii) to understand the kind of information accessed on SM and (iii) when they access social media i.e. before consultation, post consultation, in an emergency, planning a routine procedure, to help in choosing between offered techniques etc. [13].

2.1.Eligibility Criteria

A controlled keyword search was used for literature search on various databases. Cohort and cross-sectional observational studies were included. Exploratory, conceptual, longitudinal, qualitative, descriptive studies and randomized and non-randomized studies were included. Exclusion criteria included letters to the editor, case reports and manuscripts that were not in English. The intervention group had exposure to social media, and there was no comparison group [14].

2.2.Information Source

The study was conducted in several databases, including PubMed, Springer, MDPI, etc., with the application of controlled keywords, including health information, access, social media, and reasons. The search terms were uniform on the platforms. Manual search of key journals and references lists of the chosen articles was also conducted to make sure that more studies are captured. Database search using Search: (((health information) AND (accessed)) AND (social media)) AND (reasons) was conducted [15].

2.3.Study Selection

The steps followed were (i) identification of studies through database search, (ii) the duplicates identified were disregarded (iii) screening of titles and abstracts was done and only those relevant to the research question were included, (iv) to assess eligibility for inclusion full text article reviews were done, and (v) selected article review was done [16].

2.4.Data Extraction

A comprehensive assessment of the included studies was done. All the extracted data was entered into the developed data extraction spreadsheet. The information included author details, the publication year, the study design, the SM and internet that were accessed, reasons cited for accessing the social sites and the specialty [17].

2.5.Study Selection and Key Findings

The total number of articles that were found by using the database search was 225, and no additional records were found as a result of the manual reference check. After the removal of 5 duplicates, 220 unique articles remained to be screened by title and abstract. Of them, 148 articles were excluded due to non-correspondence with the inclusion criteria based on the titles and abstracts. The remaining 72 articles were then read in full text to identify their relevance and methodological integrity. Following such an

assessment, 15 articles were rejected, 8 due to not being related to social media and access to health information, 4 due to the absence of empirical data and 3 due to the lack of methodology. Lastly, 42 articles were identified that met all inclusion criteria and were included in the final review**.**
The database search using Search: (((health information) AND (accessed)) AND (social media)) AND (reasons) revealed 225 articles (2013 to 2024) as shown in Table 1.

None of the studies was from India. In the selected studies, it was seen that the characteristics of SM users for health communication were varied, covering an array of diverse population groups. The age of the social media users ranged from 13 years to older adults of 75 years it is shown in figure 1.

Table 1. Timeline Results by Year

PY	Studies
2013	12,5
2014	27,31,32,6
2015	11,1
2016	15,21,23,30
2017	29,4
2018	13,14,19,26
2019	17,28,2
2020	16,24
2021	20,22,35,36,39,3,7
2022	8,33,34,38,39,40
2023	18,10,9,25,37
2024	41,42

2.6 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria used in the study selection process are described in Table 2. These criteria guaranteed the relatedness, methodological quality, and user-centred social media involvement in health information access.

Table 2. Inclusion and Exclusion Criteria

Factors	**Inclusion Criteria**	**Exclusion Criteria**
Publication Period	Studies published in the years 2013- 2024	Studies published before 2013
Language	Publications in English	Non-English (LOTE - Languages Other Than English) articles
Relevance of Content	Research on how social media is used in accessing health or medical-related information	Research not dealing with social media usage in the context of health information

Population	General population, patients, caregivers, or healthcare users accessing health-related information through social media	Research that only targets the use of social media by healthcare providers in their internal communication
Focus Areas	Platforms used, reasons to access health information, user expectations, type of information and engagement patterns on social media	Articles that do not focus on patterns, motivations or platforms used to access health-related content
Methodology	Research design and methodology explicit, qualitative or quantitative data	No empirical evidence or methodology is clearly defined

2.7 Prisma approach

The current systematic literature review was carried out in line with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). PRISMA is a common platform of identifying, screening, and reporting research evidence. The review was conducted in a three-phase process: a research objective was identified, literature was retrieved systematically, and transparent inclusion and exclusion criteria were used to select relevant studies. The first

one was to develop the central research questions, which were concerned with the usage of social media in order to find health-related information. The second step involved a limited keyword search of the database with previously set Boolean operators. The last step was to screen all the studies retrieved on the basis of title, abstract and full text using specified eligibility criteria. The process of selecting the studies was illustrated in the PRISMA flow diagram in Figure 1, and the sequential application of PRISMA stages is presented in Table 3. Such a systematic strategy guarantees the transparency, reproducibility and thoroughness in covering pertinent literature in the field of social media and access to health information.

Table 3. PRISMA Approach and Phases

Identification	**Screening**	**Eligibility**	**Included**
Total articles found through search = 225 Other relevant articles identified from manual reference checks = 0 The total number of records = 225	Articles that remained after duplicate removal =220 Articles excluded at title/abstract screening = 148	Articles that were eligible for full-text evaluation =72 Excluded after full-text review = 15 - Not focused on social media health access = 8 - Not empirical = 4 - Poor methodological clarity = 3	Articles that were included in the final review =42

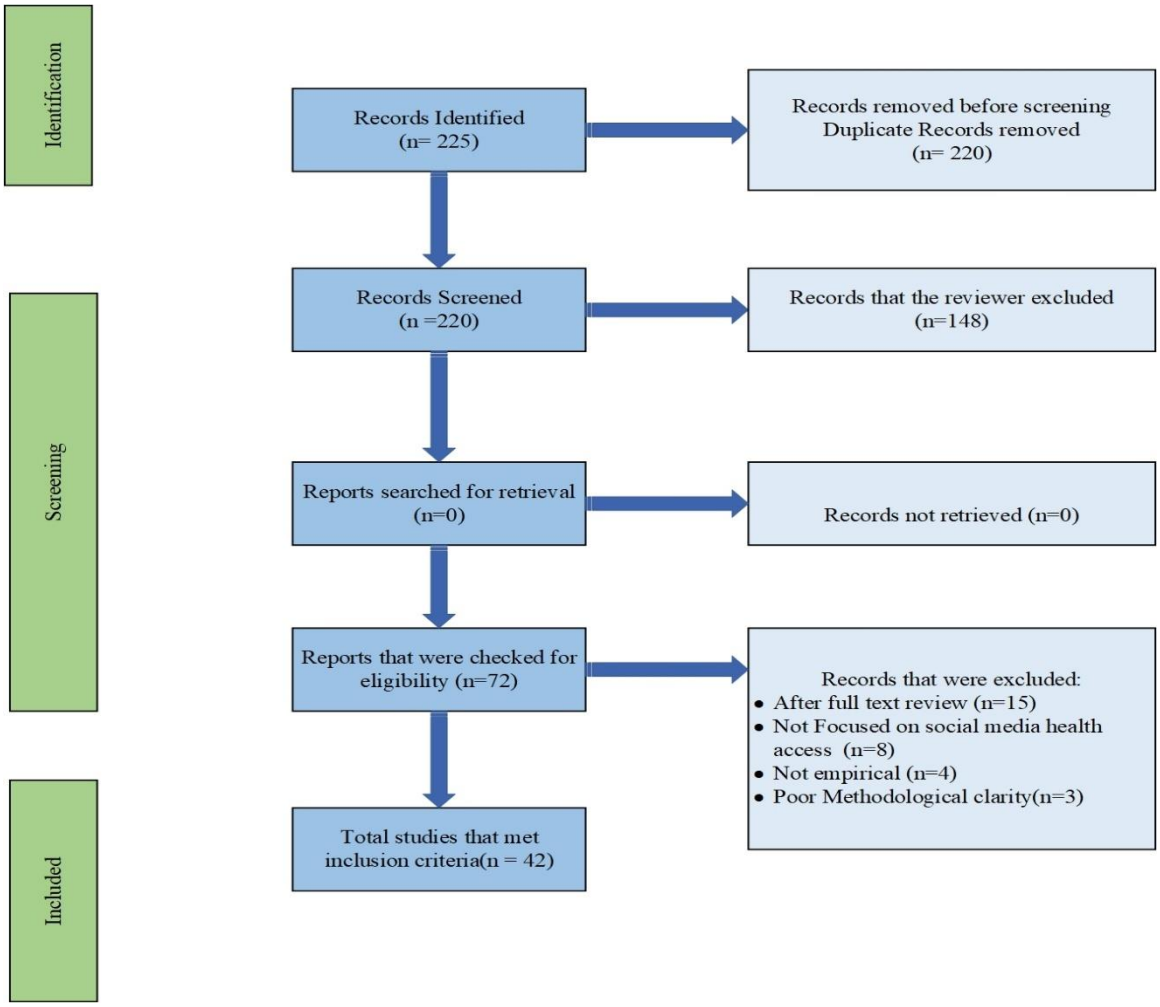

Figure 1. PRISMA Approach for selection of studies

Table 4 shows that social media, Facebook, Internet, Twitter, Patient portal, Email YouTube, LinkedIn, Social Networking Sites, online health community and Websites were found to be the most commonly used terminologies used for online access methods for health-related information is on Figure 2. In the study [16], patients coming for cosmetic reasons showed a
preference for Instagram as a way to follow their treating doctors. This underlined the
importance that aesthetic dermatology tends to have as a visual field [18-20].

Table.4 SM accessed for healthcare-related information

Technology	**References**
SM	1,3, 9,10,11,13,17,18,19,27,39,41
Facebook	8,12,14,21,22,26,28,36,40
Internet	11,25,30,32,34,42
Twitter	12,14,16,35
Patient Portal	18, 29
Email	18
You Tube	12,14,28

LinkedIn	12,14
SNS	2,4,19,27,33,
Websites	5,15,18,23,38
Hospital Website	18
Telephone	18
Television	15
Online Health Communities	20
Digital media	6, 24
Technology	19
Online Information	7, 31
Forums	27
Chats	27
Blogs	27
Instagram	16,37
Snapchat	16
Telegram	16

The selected studies were explored to understand preference for social media platforms used to access bot, the health care-related information and the reasons thereof.

Table 5 explains the commonest reasons individuals accessed healthcare information were to avail information, look for emotional, social support, information relating to medication and vaccinations, peer support, connect with those with similar experiences, understand a specific disease condition, search doctor's reputation or level of expertise and preventive measures to be taken [21].

Table 5. The reasons for accessing social media for health-related information

Reasons for use of SM/Internet	References
Exchange opinions	1,2, 9, 12,33
Exchange experiences	4,9,12,36
Avail information	3,8,9,10,13,14,15,19,22,23,24,30,31,32,40
Receive Emotional Support	9,13,22,31
Previous Positive Experiences	9,38
F&F who use social media	9
Connect with those with similar experience	9,10,19
Second Opinion	9
Fact checks of information given by HCP	9,34
Look for other treatment options	9
Advocacy	10
Peer support	10,20,26

Track Behavior & Health	19,25
Specific Disease/Condition Information	8,18,27,41
Decrease loneliness	22
Social support	12,19,23,24 ,31
Doctor Reputation & Selection	16,17
Patient Portal	29
Researcher Activity	21
Resource Needs	23
Risk Management	11
Prevention	8,11,18
Medications	8, 14, 18,27
Disease course	26
Pain control	26
Diet	26
exercise	26
Disease management	5,13, 26,42
Smoking Cessation	22,35
Self-help information	6,31
Locally available services	7,27,28,31
Lay stories	31,37
Platform with Mental Health Professionals	27

2.6.Patterns of Health Information Seeking Behavior on Social Media

The analysis of the selected 42 studies meeting the inclusion criteria for the literature review indicated that social media users access health and medical information online. Social media (most reportedly used platforms were Facebook, Internet & Twitter) to create a forum to allow for sharing, comments and discussion [22]. The type of information, resources perused, speciality searched, and the reasons for the information search depended on whether it was for self or others, what the medical condition under consideration was and whether the search was only for information or there was a requirement for regular updates and a support system [23]. No clear pattern for the timing of the search for health-related information emerged. The studies did not identify what level of evidence the shared healthcare information needed to be, to be accessed by the social media user. Also, YouTube was not a preferred social networking site to explore information relating to health [24].

3. Social Media

Social media was the term used maximally for ways used to access information relating to health by social media users. The use of SM by users to access information relating to health seems to be selective. Fridman et al. explored the various modes of communication acceptable to older primary care patients from their doctors' offices, which was used for different kinds of health information; only 11%

opted for social media. This explored the mental health-related seeking information amongst psychiatric patients and found that less than half the users used social media [37,38]

The SM and internet are used by parents for various reasons. Frey E et al. suggested that the likelihood of parents born in Australia aged 30-39 or ≥50 years to consult social media in relation to a health consultation would more likely to be before and after, however, interestingly those with higher education levels were less likely to seek information on social media. The motivation for parents to look for health related information before a consultation was to share experiences and views (83.3%), availability of information 24/7 (81.1%), emotional support (78.1%), good experiences in previous interactions (77.8%), and influence of friends and the family who used SM to access information relating to health (75.2%). Parents looked for information relating to health after consultations to make contact with parents who had experiences similar to them (68.8%), for seeking a second opinion (63.6%), to check the facts and communication exchanged with their health care provider 74% of caregivers had children suffering from cancer, and they used SM to both get and share information and support on diagnosis or treatment. 60.8%), while exploring other treatment options (44.5%).

Hamshaw RJT et al. explored the perception of users on the expertise available on SM in the context of a health concern and to understand how information assessments are done while managing risks [26].

For communicating information relating to both managing risks and preventing disease to college students in the age group of 18 years to 30 years health educators use certain SM and internet preferred platforms [27].

3.1.Facebook

Facebook emerged as being popular with SM users to access information relating to health. The reasons that study participants used Facebook ranged from prevention and screening related information, social and support group participation, motivation to quit smoking and exchanging advice. Cancer prevention and screening (8) related information was engaged by either reading the content or viewing. The likelihood of adult White and African Americans, who used Twitter & Facebook to access information relating to health being vaccinated was more than suggested in the study [14]. Adults suffering from rheumatoid arthritis for more than 10 years were biased towards social networking sites as a way for managing the disease (26). There was acceptance, and they expressed their willingness to participate in Facebook support groups as long as their privacy was reasonably protected (26). smokers with mobility impairment had included Facebook in their day-to-day routine (92.5%), with 83% checking n Facebook at least once a day while the time spent by 69% on FB was more than half an hour each day (22); it was perceived that both disability and any barriers in environment are circumvented to access information on Facebook [28].

3.2.Use of Social Media for Medical Communication

SM use focuses on obtaining healthcare information, looking for peer support, emotional support and/or social support, sharing and connecting with those with similar experiences (3) and also trying to check the level of expertise or reputation of the healthcare professional. Information is shared through instant messaging, discussion forums, chat rooms, websites and portals [29]. The commonest specialities in which information was sought were paediatrics, oncology, primary care, rheumatology, neurodisorders, vaccinations, pregnancy, spine surgery, psychiatry and preventive health. The common conditions for

which searches were done related to breast cancer, smoking, rheumatoid arthritis, pregnancy and low back pain [39]. Within paediatrics, the special areas of interest accessed by the parents related to general paediatrics, childhood cancer, vaccination, paediatric neurology and neurosurgery [30]. As can be seen, the chronic conditions were central to the searches, which primarily related to availing reliable information, looking for others with similar experiences, support groups for peer support, emotional support and social support, especially by the parents of paediatric patients with chronic conditions [31].

The studies relating to pregnant women showed that information was being accessed on maternal and foetal attachment and psychological wellbeing. Although both studies concluded that the information actually led to a negative effect, with it leading to self-criticism and poorer maternal quality of life [32]. A specific connection was made between parents using social media before and post a consultation with their healthcare provider, no specific timeline for when social media is accessed for health information was mentioned [40]. The study was conducted with college students aged 18 to 30 years old who showed preferences for the sources of internet health information as well as the way that the messages were designed. This affected their perception of how credible both the source and information were. The likelihood of adult White and African being vaccinated [14] was more likely in those whose source of health information was Twitter and FB is shown in Table 4.

Table 6: Characteristics of Included Study

Author	PY	Health Information	Participants	Study Design
Sharma, S	2015	social media (health and social awareness included)	General social media users	Exploratory study
Ahmed et al.	2019	Knowledge sharing on health and other domains via social media	Not empirical	SLR
Farsi, D.	2021	Social media use by healthcare providers	Healthcare professionals	SLR
Kujur & Singh	2017	Engagement in online health discussions and marketing	Social media users in India	Literature Review
Moorhead et al	2013	Uses, benefits, limitations of social media for health communication	Global participants	SLR
Hajli, M. N.	2014	Social media impact on consumer trust and intentions (including health products)	Online consumers	Quantitative survey
AlMuammar et al.	2021	Health info seeking via internet and social	General population in Saudi Arabia	Cross-sectional

		media, and its effects		
Rivera YM et al.	2022	Cancer prevention and screening	US Latinos & Latinas; 40-75 years who were cancer free	Cross sectional
Frey et al.	2023	Use of social media by parents for child health information before and after consulting healthcare professionals	Australian parents of children aged 0–12 years	Cross-sectional
Gandamihardja TAK et al.	2023	Breast cancer	Breast cancer patients	Cross sectional
Prybutok G et al.	2015	Health information	College students (18-30 years)	Cross sectional
Antheunis ML et al.	2013	Patients and Health professionals	Patients' and health professionals Obstetrics and Gynecology	Cross-sectional Descriptive
Nagelhout ES et al.	2018	Parents and caregivers'	Parents of children with cancer receiving cancer-related care at a tertiary children's hospital	Cross sectional
Ahmed N et al. et al.	2018	Influenza vaccine uptake	White and African Americans over 18 years of age.	Cross sectional
Manganello JA et al	2016	Use patterns, health-seeking information patterns, and preferences for receiving health information.	Hispanic/Latino adults	Cross sectional
Albeshri M et al.	2020	Deciding which doctor to see for skin-related concerns	Patients at Derma Clinic in Riyadh	Cross sectional
Hamshaw RJT et al.	2019	Food allergy and intolerance (food hypersensitivity)	Social media users and those that they deemed to be experts in the field.	Cross sectional

Fridman I et al.	2023	Cancer screening, tips for taking prescription medication, and protection from respiratory diseases	Primary care patients aged 45-75 years	Cross sectional
Radovic A et al.	2018	Adolescent Health	Adolescents (13-18 years) while they were waiting for consultation appointments	Cross Sectional;semi-structured, in-depth individual interviews
Rueger J et al.	2021	Health online community advice	Online health community	Zero-inflated negative binominal modelling
Russell DJ et al.	2016	Research partnerships	Web-based Parents Participating in Research (PPR) advisory community	Cross sectional
Borrelli et al.	2021	Smoking cessation support and health-related interactions via Facebook	Smokers with mobility impairments	Cross-sectional
Vogel TK et al.	2016	Parents' health information needs	Focus group of parents accessing Neurosurgery Kids Fund (NKF) Pediatric Neurosurgery Website Focus Group	Cross sectional
Smith M et al.	2020	Pregnancy	pregnant women in the ante natal period	Cross sectional
Harzif AK et al.	2022	Contraceptionn among women	Indonesian women	Cross sectional
Jude KA des Bordes et al.	2018	Rheumatoid Arthritis	Adults with Rheumatoid arthritis of ≤ 10 years duration, with ongoing or prior treatment with disease-modifying anti-rheumatic drugs or biologic agents, and internet access	Cross sectional
Kalckreuth S et al.	2014	Mental Health patients from all services of the Department of	Psychiatry at a university hospital	Cross sectional

Alhuwail D et al.	2019	eHealth literacy.	Anonymous Web-based survey	cross-sectional anonymous Web-based survey
Climans SA et al.	2017	Myotonic Dystrophy	Participants with myotonic dystrophy type 1 registered with the Canadian Neuromuscular Disease Registry	Cross sectional
Bjelke M et al.	2016	Pregnancy	Swedish women, pregnant at least 34 weeks, Ante natal care clinics southern Sweden	descriptive cross-sectional study
Nielsen M et al.	2014	Low back pain	People with Lower Back pain	Cross sectional
O'Neill B et al.	2014	Access and production of user-generated health content	Internet users	Cross sectional
Patrick et al.	2022	Social media and its impact on healthcare	General population and healthcare stakeholders	Cross sectional
Van Kessel et al.	2022	Digital health literacy	General population	Conceptual analysis
Torous et al.	2021	Digital psychiatry, including apps, social media, chatbots	Individuals with mental health conditions	Cross sectional
Dunn et al.	2021	Social media use for community support among cancer patients	Jewish women affected by breast and ovarian cancer	Observational study
Al Derham	2023	Instagram as a health and wellbeing tool	Young women in Qatar	Qualitative study
Lu et al	2022	Health information seeking and social capital	General Chinese population	Cross-sectional
Shang et al.	2021	Intention to share health info on social media	Older adults	Cross-sectional
Wijayanti et al.	2022	Intention to seek health info on social media	Indonesian social media users	Cross-sectional
Liu et al.	2024	Online health info seeking, emotions, prevention behaviors	Older adults	Two-wave longitudinal study

Ma et al.	2024	Internet use, health services, self-rated health	Middle-aged and older adults	Longitudinal survey

3.3.PY publication year

There is a suggested need for scrutinising equality of access and effectiveness of SM about geographic location, age, gender and personality traits. Tailoring health and medical information on SM for age, gender and personality traits, with information needs to ensure appropriate and accurate knowledge availability.

3.4. Meta-Analysis

Table 7 provides an overview of recent studies examining the relationship between social media use and different health information behaviors using different analytical approaches.

Table 7: Meta-Analysis of Predictors and Outcomes in Health Information Behaviour Studies

Author	Outcome variable	Predictor variable	Method	Effect Size	P value	Design
Shang et al. (2021)	Intention to share health info	Health belief model variables	SEM	$\beta = 0.132$	< 0.001	Cross-sectional
Wijayanti et al. (2022)	Intention to seek health info	Trust, usefulness, ease of use	Multiple Regression	$R^2 = 0.526$	< 0.01	Cross-sectional
Liu et al. (2024)	Preventive health behavior	Online info seeking, negative emotion	Cross-lagged Panel Model	$\beta = 0.109$	< 0.001	Longitudinal
Ma et al. (2024)	Self-rated health	Internet use + health service use	Mediation Model	$\beta = 0.348$	< 0.01	Longitudinal
Frey et al. (2023)	Health info change pre/post consultation	SM used for pediatric info	Chi-square & t-test	-	$p < 0.05$	Cross-sectional

In the five studies reviewed, standardized effect sizes varied between 0.038 and 0.348 with 0.038 being the lowest and 0.348 being the highest, although all were statistically significant ($p < 0.05$). It is important to note that a longitudinal 0.109 95 percent confidence interval of online health information seeking as a predictor of later prevention behaviors. The mediation effect of internet use on self-rated health was positive (0.348), and it confirms a time-lagged effect [41-42]. The results quantitatively illustrate that there are consistent positive relationships between digital engagement and health-related outcomes, which meet the meta-analytic criteria, as they offer quantifiable effect sizes and compare them between designs.

3.5 Critical Analysis

The results of this review show that there are some common trends in the use of social media in accessing health information, including the necessity of emotional support, peer interaction, and establishment of trust with health professionals [6]. These applications differ according to age, condition and platform affinity, which indicates that social media is both informational and relational in digital health communication [3]. Nonetheless, the unregulated aspect of content brings up the issue of misinformation and health anxiety, especially to vulnerable users [34]. This highlights the necessity of the platform-specific health approaches, digital literacy initiatives, and enhanced collaboration of the verified health institutions and social platforms [35]. Such understandings not only complement knowledge in existing literatures but also provide directions in building more precise and reliable online health ecosystems.

4. Discussion

A review of the available literature identifies that social media is popular and commonly used to acquire health information, but due to its uncontrollable nature, the accuracy, reliability, and the aspect of misinformation are also concerns. The platforms are frequently used as the source of not only factual health information but also emotional support, validation by peers, and making decisions, such as chronic illness, pregnancy, paediatric issues, and mental health [19]. This highlights the two aspects of social media that make it an information source and a community [11]. Nevertheless, the absence of medical control and uniformity of the quality of content raises an urgent issue of disunity in healthcare communication. Policymakers need to cooperate with health organizations and social media to enhance digital health literacy, filter health-related information, and create reliable channels of professional health communication [34]. Public health campaigns need to be both inclusive, platform-appropriate and culturally sensitive, and therefore reach a wide number of people and mitigate digital health disparities [36].

5. Limitations

Both publication and language bias are limitations of the study. Only the manuscripts that were published in English were included. Based on the literature review, the identified gaps requiring further study include: how the sharing of health information is impacted by SM for certain populations, such as patient groups [18], geographical, cultural and minority groups, how SM impacts effective and reliable health communication; How SM can support healthy lifestyles by creating behaviour change [36].

6. Conclusions

The penetration and access to social media are growing exponentially. The studied populations primarily used SM to explore health related information, support systems and exchanges with care providers and connected with others facing similar challenges or experiences. Much of the healthcare-related information being published on social media is neither structured nor reviewed. Additionally, the information being published not cover all aspects desired by those accessing the information. Given the disparate use of social media across geographical locations, age groups, and those affected by disparity of ethnicity or race, when planning and publishing health-related information on SM the requirements of the target population must be taken into account.

Reference

1. Sharma, S. (2015). An exploratory study on the use of social media for social marketing. International Journal of Marketing and Technology, 5(8), 267-279.
2. Ahmed, Y. A., Ahmad, M. N., Ahmad, N., & Zakaria, N. H. (2019). Social media for knowledge-sharing: A systematic literature review. Telematics and informatics, 37, 72-112.
3. Farsi, D. (2021). Social media and health care, part I: literature review of social media use by health care providers. Journal of medical internet research, 23(4), e23205.
4. Kujur, F., & Singh, S. (2017). Engaging customers through online participation in social networking sites. Asia Pacific Management Review, 22(1), 16-24.
5. Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A., & Hoving, C. (2013). A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication. Journal of medical Internet research, 15(4), e1933.
6. Hajli, M. N. (2014). A study of the impact of social media on consumers. International journal of market research, 56(3), 387-404.
7. AlMuammar, S. A., Noorsaeed, A. S., Alafif, R. A., Kamal, Y. F., & Daghistani, G. M. (2021). The use of internet and social media for health information and its consequences among the population in Saudi Arabia. Cureus, 13(9).
8. Rivera, Y. M., Moran, M. B., Thrul, J., Joshu, C., & Smith, K. C. (2022). Contextualizing engagement with health information on Facebook: using the social media content and context elicitation method. Journal of medical Internet research, 24(3), e25243.
9. Frey, E., Bonfiglioli, C., & Frawley, J. (2023). Parents' Use of Social Media for Health Information Before and After a Consultation With Health Care Professionals: Australian Cross-Sectional Study. JMIR Pediatrics and Parenting, 6(1), e48012.
10. Gandamihardja, T. A., Liyanage, S., Coutee, T., Peled, A. W., & Masannat, Y. A. (2023). The role of social media and breast cancer: how does it impact patients?. Breast Care, 18(3), 203-208.
11. Prybutok, G., & Ryan, S. (2015). Social media: the key to health information access for 18-to 30-year-old college students. CIN: computers, informatics, nursing, 33(4), 132-141.
12. Antheunis, M. L., Tates, K., & Nieboer, T. E. (2013). Patients' and health professionals' use of social media in health care: motives, barriers and expectations. Patient education and counseling, 92(3), 426-431.
13. Nagelhout, E. S., Linder, L. A., Austin, T., Parsons, B. G., Scott, B., Gardner, E., ... & Wu, Y. P. (2018). Social media use among parents and caregivers of children with cancer. Journal of Pediatric Oncology Nursing, 35(6), 399-405.
14. Ahmed, N., Quinn, S. C., Hancock, G. R., Freimuth, V. S., & Jamison, A. (2018). Social media use and influenza vaccine uptake among White and African American adults. Vaccine, 36(49), 7556-7561.
15. Manganello, J. A., Gerstner, G., Pergolino, K., Graham, Y., & Strogatz, D. (2016). Media and technology use among Hispanics/Latinos in New York: Implications for health communication programs. Journal of racial and ethnic health disparities, 3, 508-517.
16. Albeshri, M., Altalhab, S., Alluhayyan, O. B., & Farhat, A. M. (2020). The influence of modern social media on dermatologist selection by patients. Cureus, 12(12).

17. Hamshaw, R. J. T., Barnett, J., Gavin, J., & Lucas, J. S. (2019). Perceptions of food hypersensitivity expertise on social media: qualitative study. Interactive journal of medical research, 8(2), e10812.
18. Fridman, I., Smalls, A., Fleming, P., & Lafata, J. E. (2023). Preferences for Electronic Modes of Communication Among Older Primary Care Patients: Cross-sectional Survey. JMIR Formative Research, 7(1), e40709.
19. Radovic, A., McCarty, C. A., Katzman, K., & Richardson, L. P. (2018). Adolescents' perspectives on using technology for health: qualitative study. JMIR pediatrics and parenting, 1(1), e8677.
20. Rueger, J., Dolfsma, W., & Aalbers, R. (2021). Perception of peer advice in online health communities: Access to lay expertise. Social Science & Medicine, 277, 113117.
21. Russell, D. J., Sprung, J., McCauley, D., Kraus de Camargo, O., Buchanan, F., Gulko, R., ... & Gorter, J. W. (2016). Knowledge exchange and discovery in the age of social media: the journey from inception to establishment of a parent-led web-based research advisory community for childhood disability. Journal of medical Internet research, 18(11), e293.
22. Borrelli, B., Endrighi, R., Quintiliani, L. M., Hughes, R. B., & Pagoto, S. (2021). Facebook usage, participation patterns, and social support from Facebook activity among smokers with mobility impairments. Translational Behavioral Medicine, 11(3), 882-890.
23. Vogel, T. K., Kleib, M., Davidson, S. J., & Scott, S. D. (2016). Parental evaluation of a nurse practitioner-developed pediatric neurosurgery website. JMIR Research Protocols, 5(2), e5156.
24. Smith, M., Mitchell, A. S., Townsend, M. L., & Herbert, J. S. (2020). The relationship between digital media use during pregnancy, maternal psychological wellbeing, and maternal-fetal attachment. PloS one, 15(12), e0243898.
25. Harzif, A. K., Shadrina, A., Yo, E. C., Reviani, N., & Hestiantoro, A. (2023). Influence of internet, mobile phone use, and sociodemographic factors on women's knowledge and attitude towards contraception in Indonesia. Obstetrics & Gynecology Science, 66(1), 42.
26. des Bordes, J. K., Gonzalez, E., Lopez-Olivo, M. A., Shethia, M., Nayak, P., & Suarez-Almazor, M. E. (2018). Assessing information needs and use of online resources for disease self-management in patients with rheumatoid arthritis: a qualitative study. Clinical rheumatology, 37, 1791-1797.
27. Rummel-Kluge, C., Trefflich, F., & Kalckreuth, S. (2014). Mental health related Internet use among psychiatric patients: a cross-sectional analysis.
28. Alhuwail, D., & Abdulsalam, Y. (2019). Assessing electronic health literacy in the state of Kuwait: survey of internet users from an Arab state. Journal of medical Internet research, 21(5), e11174.
29. Climans, S. A., Piechowicz, C., Koopman, W. J., & Venance, S. L. (2017). Survey of Canadian myotonic dystrophy patients' access to computer technology. Canadian Journal of Neurological Sciences, 44(5), 567-571.
30. Bjelke, M., Martinsson, A. K., Lendahls, L., & Oscarsson, M. (2016). Using the Internet as a source of information during pregnancy—A descriptive cross-sectional study in Sweden. Midwifery, 40, 187-191.
31. Nielsen, M., Jull, G., & Hodges, P. W. (2014). Information needs of people with low back

32. pain for an online resource: a qualitative study of consumer views. Disability and
33. Rehabilitation, 36(13), 1085-1091.
34. O'Neill, B., Ziebland, S., Valderas, J., & Lupiáñez-Villanueva, F. (2014). User-generated online health content: a survey of internet users in the United Kingdom. Journal of Medical Internet Research, 16(4), e118.
35. Patrick, M., Venkatesh, R. D., & Stukus, D. R. (2022). Social media and its impact on health care. Annals of Allergy, Asthma & Immunology, 128(2), 139-145.
36. Van Kessel, R., Wong, B. L. H., Clemens, T., & Brand, H. (2022). Digital health literacy as a super determinant of health: more than simply the sum of its parts. Internet interventions, 27, 100500.
37. Torous, J., Bucci, S., Bell, I. H., Kessing, L. V., Faurholt-Jepsen, M., Whelan, P., ... & Firth, J. (2021). The growing field of digital psychiatry: current evidence and the future of apps, social media, chatbots, and virtual reality. World psychiatry, 20(3), 318-335.
38. Dunn, C., Campbell, S., Marku, N., Fleischmann, A., Silber, E., Rosen, M., & Tercyak, K. P. (2021, December). Can social media be used as a community-building and support tool among Jewish women impacted by breast and ovarian cancer? An evidence-based observational report. In Healthcare (Vol. 10, No. 1, p. 51). MDPI.
39. Al Derham, S. (2023). The Insta-trainer: A study of how Instagram is used as a biopedagogical tool for health and wellbeing among young women in Qatar. In FemTech: Intersectional Interventions in Women's Digital Health (pp. 145-165). Singapore: Springer Nature Singapore.
40. Lu, Q., Chang, A., Yu, G., Yang, Y., & Schulz, P. J. (2022). Social capital and health information seeking in China. BMC Public Health, 22(1), 1525.
41. Shang, L., Zhou, J., & Zuo, M. (2021). Understanding older adults' intention to share health information on social media: the role of health belief and information processing. Internet Research, 31(1), 100-122.
42. Wijayanti, R. P., Handayani, P. W., & Azzahro, F. (2022). Intention to seek health information on social media in Indonesia. Procedia Computer Science, 197, 118-125.
43. Liu, T., Song, X., & Zhu, Q. (2024). Exploring the relationship between older adults' online health information seeking, negative emotions and prevention behaviors in the pandemic context: A two-wave longitudinal study. Frontiers in Public Health, 12, Article 1377017.
44. Ma, X., Hu, Q., He, J., Wang, W., & Chen, K. (2024). Association of internet use and health service utilization with self-rated health in middle-aged and older adults: Findings from a nationally representative longitudinal survey. Frontiers in Public Health, 12, Article 1377023.