

Health Misinformation on Social Media: An Analysis of TikTok Content Related to Non-Communicable Diseases in the Philippines and Thailand¹

Aleyah Nadia Igdon Calib,

Allyzsa Nicole S. Jong

, Bruce L. Pahugot

Reynald Alfred Garcia SY

St. Paul University Manila, Philippines

Oradol Kaewprasert²

University of the Thai Chamber of Commerce, Thailand

Benedicto Modesto

Brian Bantugan

Felicitas Bernardo, SPC

St. Paul University Manila, Philippines

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² Correspondence concerning this article should be addressed to Oradol Kaewprasert at School of Communication Arts, University of the Thai Chamber of Commerce or by email at: oradol_kae@utcc.ac.th

Abstract

Social media platforms, particularly TikTok, have become primary sources of health information in the Philippines and Thailand, yet their rapid growth has contributed to a significant "infodemic" of health misinformation related to Non-Communicable Diseases (NCDs). This qualitative study employs thematic content analysis of 60 TikTok videos and their associated user comments, grounded in the Elaboration Likelihood Model (ELM) and Social Learning Theory, to examine how platform features and creator modeling influence health beliefs. Findings reveal that misinformation is predominantly conveyed through "quick-fix" narratives, unverified natural remedies, false authority cues, and misleading dietary advice. While both countries share common misinformation patterns, notable cultural differences emerge. Filipino content relies heavily on authority misrepresentation through visual cues, whereas Thai content strategically blends herbal medicine with spiritual and religious framing. Thai creators also demonstrate adaptive language strategies—shifting from explicit "cure" claims toward subtler terms such as "blood sugar reduction"—in response to algorithmic counter-messaging by verified medical professionals and legal scrutiny. These findings underscore the urgent need for culturally tailored communication strategies and enhanced digital health literacy to mitigate the risks of health misinformation in Southeast Asia.

Keywords: health misinformation, TikTok, non-communicable diseases, cross-cultural health communication, digital health literacy

The landscape of information sharing has been fundamentally reshaped by the ascent of social media platforms, which now serve as primary media for entertainment, news, and education (Vogels et al., 2022). In Southeast Asia, social media usage is exceptionally high, particularly in the Philippines and Thailand. While Facebook and YouTube remain dominant in Thailand, TikTok has demonstrated rapid growth in user engagement and time spent across both nations (Kemp, 2024a, 2024b). In the Philippines alone, approximately 99.5% of internet users are active on social media (Slotta, 2025). This shift has turned TikTok into a significant source of health-related information (Kemp, 2024b).

However, the same features that make TikTok an effective educational tool also facilitate the fast dissemination of health misinformation—false, inaccurate, or misleading health-related information (Alvarez-Galvez, 2019). This is particularly concerning regarding Non-Communicable Diseases (NCDs), such as diabetes, hypertension, cardiovascular diseases, and cancer, which are the leading causes of mortality in the Philippines and Thailand, accounting for more than 70% of all deaths (World Health Organization, 2026). While effective management of NCDs relies on evidence-based information, TikTok often lacks sufficient moderation, allowing unverified "miracle cures" and anti-medical narratives to gain visibility (Kožuh & Čakš, 2023).

Misinformation on TikTok is further amplified by algorithms that prioritize engagement over accuracy (Wang et al., 2019), often spreading faster when content is sensationalized (Vosoughi et al., 2018). In the Philippines, this often manifests through authority misrepresentation. In Thailand, however, misinformation is uniquely intertwined with herbal medicine and spiritual beliefs, such as the use of religious figures or rituals to validate health claims. Furthermore, recent legal crackdowns on fake doctors, nurses, and pharmacists in

Thailand have pushed creators to adapt their strategies, often using real professionals or "former patients" with secret formulas to maintain credibility while evading platform bans (Hfocus Online News Agency, 2025, 2026; Thairath Online, 2020). This study examines health misinformation related to NCDs on TikTok in Thailand and the Philippines through a qualitative thematic analysis of 60 videos, 30 from Thailand and 30 from The Philippines and their associated user comments. It explores how misinformation is constructed through local cultural lenses, such as the reliance on professional-looking packaging and "shill" engagement in Thailand versus the direct peer-to-peer influence in the Philippines. Ultimately, the findings aim to offer recommendations for improving digital health literacy to address these culturally specific misinformation patterns.

Objective

1. To identify and compare common types of NCD-related misinformation on TikTok in the Philippines and Thailand, focusing on the use of herbal medicine and spiritual faith.
2. To examine persuasive techniques, such as the use of religious attire, professional-looking packaging, and "secret formulas," that enhance the credibility of misleading content.
3. To compare how Filipino and Thai users respond to misinformation, specifically regarding engagement patterns, the use of "shill" comments, and trust in visual branding.

Review of Related Literature and Theoretical Framework

Health Misinformation in the Digital Era

The rapid expansion of social media has fundamentally transformed how health information is produced, disseminated, and consumed. Unlike traditional media, which operates under editorial gatekeeping, social media platforms enable the widespread circulation of user-

generated content with limited verification. This environment facilitates the rapid spread of health misinformation, particularly when content is emotionally engaging or highly relatable (Galea & Vaughan, 2018) and (Kožuh & Čakš, 2023).

Misinformation has been shown to generate higher levels of engagement than factual content, increasing its visibility and influence on public beliefs and health-related decision-making. This poses a significant public health concern, particularly in the context of non-communicable diseases (NCDs), where effective prevention and management depend on accurate and sustained access to reliable health information.

TikTok as a Health Communication Platform

TikTok has emerged as a prominent platform for health communication, particularly among younger audiences. Its short-form video format enables rapid, engaging, and visually compelling content delivery. However, this format often simplifies complex medical information, increasing the likelihood of distortion or misinformation.

Empirical studies indicate that misleading health-related TikTok content can reach large audiences and generate substantial engagement. For instance, research on COVID-19-related TikTok videos found a considerable presence of misinformation among highly viewed content (Southwick et al., 2021). The platform's algorithm, which prioritizes engagement metrics such as views and shares, may inadvertently amplify misleading information regardless of its accuracy.

Health Misinformation and Non-Communicable Diseases

Non-communicable diseases (NCDs), including cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, and cancer account for approximately 75% of global deaths (World Health Organization, 2021). In the Philippines, NCDs contribute to approximately 68–70% of total

mortality, underscoring their significance as a major public health issue. Thailand also faces a significant burden of (74%) NCDs are among the leading causes of death (World Health Organization 2026)

The prevention and management of NCDs rely heavily on accurate, evidence-based information. However, misinformation related to NCDs often includes exaggerated claims, unverified remedies, and misleading lifestyle advice. Such misinformation can distort public understanding, encourage harmful practices, and discourage appropriate medical consultation.

Suarez-Lledo and Alvarez-Galvez (2021) emphasize that health misinformation is prevalent not only in infectious diseases but also in chronic conditions, where it may promote ineffective or unsafe health behaviors.

Comparative Context: Philippines and Thailand

Social media usage is exceptionally high in both the Philippines and Thailand, making these countries particularly relevant for examining the spread of health misinformation. In the Philippines, social media platforms play a central role in daily information consumption, with TikTok experiencing rapid growth among younger users (Kemp, 2024a, 2024b).

Similarly, Thailand has witnessed significant growth in social media use, with TikTok emerging as a widely used platform for both entertainment and information sharing. Thai users increasingly rely on digital platforms for health-related information, particularly among younger demographics (Kemp, 2024a, 2024b)

In both contexts, health misinformation circulates widely, often in the form of herbal remedies, dietary advice, and alternative treatments. In Thailand, such narratives are frequently aligned with cultural beliefs in traditional and natural medicine, which may enhance their

perceived credibility. Similar to the Philippines, misinformation promoting “quick cures,” supplements, and alternative treatments can undermine evidence-based healthcare practices and delay appropriate medical intervention.

Despite these shared challenges, research specifically examining TikTok-based health misinformation in Thailand remains limited. Furthermore, comparative studies between the Philippines and Thailand are scarce, highlighting a critical gap in the literature.

Users’ Ability to Evaluate Health Information

A key factor contributing to the spread of health misinformation is users’ limited ability to critically evaluate online information. Although individuals may be aware of the presence of misinformation, many lack the skills and confidence to distinguish credible from non-credible content (Kbaier et al., 2024; Kožuh & Čakš, 2023)

This issue is particularly pronounced on TikTok, where content is brief, visually engaging, and rarely supported by credible references. The influence of social media personalities and the persuasive nature of influencer-driven communication further increase users’ susceptibility to misinformation.

As a result, individuals may accept misleading health information as credible, potentially influencing their health beliefs, treatment decisions, and overall health behaviors.

Synthesis and Research Gap

The reviewed literature highlights three key insights. First, social media platforms, particularly TikTok, play a significant role in shaping public understanding of health information. Second, misinformation related to NCDs is widespread and often presented through persuasive and engaging formats. Third, both the Philippines and Thailand exhibit high social media usage

and a substantial burden of NCDs, making them especially vulnerable to the impacts of health misinformation.

However, existing research has primarily focused on single-country contexts or general misinformation trends. There remains a lack of comparative studies examining how TikTok content shapes health perceptions across Southeast Asian countries. In particular, limited attention has been given to cross-country analysis between the Philippines and Thailand in relation to NCD-related misinformation.

This study addresses this gap by comparatively analyzing TikTok content in both countries, focusing on the types of misinformation present, the persuasive strategies employed, and their potential influence on users' perceptions and health behaviors.

Methodology

This study employs a qualitative research design using qualitative content analysis to examine health misinformation related to non-communicable diseases (NCDs) on TikTok in the Philippines and Thailand. A qualitative approach is appropriate as it enables an in-depth exploration of how health information is constructed, framed, and communicated, beyond merely measuring its frequency (Braun & Clarke, 2006; Krippendorff, 2018).

The study focuses on TikTok as the primary research setting due to its rapid growth as a source of health information and its algorithm-driven content distribution. A purposive sampling strategy was used to select a total of 60 publicly available TikTok videos consisting of 30 from the Philippines and 30 from Thailand. This sample size was determined based on the principle of information power (Malterud et al., 2016), whereby a focused study with a clearly defined

objective, a specific population, and a well-established analytical framework requires a smaller sample to achieve analytical sufficiency. Sampling continued until thematic saturation was reached, with no new misinformation types or persuasive strategies emerging in the final videos reviewed. Videos were identified using commonly used keywords and hashtags related to NCDs including diabetes hypertension cardiovascular diseases and cancer in English Filipino and Thai. Inclusion criteria required that videos be publicly accessible directly related to NCDs contain identifiable health claims and demonstrate user engagement such as likes comments shares while irrelevant content was excluded. It is acknowledged that TikTok's recommendation algorithm may have influenced the visibility of videos during the search process. To mitigate this prior search history and interactions were limited prior to data collection

Data were collected directly from TikTok by simulating typical user behavior through the platform's search function and "For You Page" (FYP). For each selected video, descriptive data such as engagement metrics, language, and creator type were recorded, along with a summary of key content features and messaging strategies. To address language diversity all Thai language content was translated into English by an Australian and British graduate researcher fluent in both Thai and English. While Filipino language content was handled by a native Filipino researcher. Translated excerpts were cross-checked by a second researcher to ensure accuracy and consistency of meaning before coding.

The analysis followed a qualitative content analysis combined with thematic analysis. Videos were viewed and systematically coded based on predefined categories, including types of health claims, accuracy and credibility, and persuasive strategies such as emotional appeal,

authority cues, and testimonials. The coding scheme was developed iteratively. Initial codes were derived deductively from the theoretical framework ELM and Social Learning Theory and refined inductively through repeated engagement with the data.

Audience comments were also analyzed and categorized into patterns of acceptance, inquiry, and skepticism to examine how users interpret and respond to health information. To establish coding consistency, two researchers independently coded a random subsample of 20% of the videos ($n = 12$). Inter-coder reliability was assessed using Cohen's Kappa ($\kappa = .81$), indicating strong agreement (Landis & Koch, 1977). Discrepancies were resolved through discussion and consensus before proceeding to full coding. Themes were then developed through an iterative process to identify recurring patterns of misinformation and communication strategies (Braun & Clarke, 2006).

To enhance methodological consistency, the study applied multiple validation strategies, including researcher triangulation, systematic coding procedures, and expert validation of selected health claims. Expert validation involved consultation with licensed healthcare professionals who reviewed a representative sample of coded health claims to assess their accuracy. Experts were provided with a structured evaluation form and asked to classify each claim as accurate, inaccurate, or misleading. Their feedback was used to refine the coding of health claim accuracy and to strengthen the trustworthiness of the findings (Lincoln & Guba, 1985).

Ethical considerations were observed by using only publicly available content, avoiding the disclosure of identifiable personal information, and analyzing data in an aggregated manner for academic purposes.

After synthesizing the video content, the findings were validated through consultations with licensed health professionals: Chona Marie Muldong, RPh, MD (Medical Officer IV, CSGH); O. Dela Cruz, PTRP, DPT; Rosetta C. Santiago, RND; Jho Mariano, RN, MAN; Sheila L. Pahugot, PTRP; and Nattapong Panbhat, RPh.

Results and Discussion

Overview of TikTok Health Misinformation on NCDs

The findings reveal that health misinformation related to non-communicable diseases (NCDs) is highly widespread in TikTok content. Analysis of the selected videos indicates that misinformation is often embedded within seemingly informative or relatable content, making it difficult for viewers to distinguish between accurate and misleading information. NCDs conditions are commonly associated with lifestyle management, making them particularly vulnerable to misinformation that promotes quick solutions or alternative treatments.

A key pattern observed is the dominance of "quick-fix" narratives, where creators present simple medicines as effective solutions for complex chronic conditions. These include claims such as lowering blood pressure instantly through garlic water, unclogging arteries with natural drinks, or reversing diabetes through specific dietary practices.

Findings from Thailand show that health misinformation is very similar to what is found in the Philippines. However, in Thailand, there is a much higher focus on herbal medicine. Interestingly, many videos also include "Buddhist monk-like" figures or people dressed in religious orange robes to make the information look more trustworthy. These creators often use spiritual activities, such as chanting or praying, to "heal" diseases.

Beyond just advice, these videos are frequently used to sell medicines or supplements. The creators are often very clever at using specific words to hide their sales activities, helping them avoid legal problems or being banned by the TikTok platform. This shows how local beliefs and religion are being used to sell unverified health products in the Thai digital market.

Comparative Analysis of Misinformation: Philippines and Thailand

The analysis identifies several recurring types of misinformation in TikTok videos across both countries.

Type 1: Instant Cure Claims

Instant cure claims are highly prevalent. In the Philippines, content creators often promise immediate health improvements, such as claiming herbal drinks can instantly lower blood pressure. In the Thai context, these claims are split into two groups. Commercial videos for products usually claim to "improve health" or "lower blood sugar" over time. However, videos with religious or spiritual themes often promise that patients will be "completely cured" or see "instant results" in blood pressure and sugar levels through faith.

Type 2: Unverified Natural Remedies

Unverified natural remedies are widely promoted. In both countries, videos frame common foods like garlic, cucumber, pineapple leaves or okra as effective medical treatments based on the idea that "natural means safe." In Thailand, this is very common, with some clips claiming these remedies can cure diseases entirely. A unique pattern in Thai TikTok is the "secret formula" shared by creators posing as former patients, who then tell viewers to send a direct message (DM) to buy the product.

Type 3: False Endorsements and Authority Misrepresentation

False endorsements and authority misrepresentation are evident. In the Philippines, some creators use visual cues or attire to look like medical experts. In Thailand, however, the pattern is different. In 2020 - 2026 there are legal cases against a fake doctor, nurse and pharmacist, Thai creators are now more careful. You will not see many people dressing as doctors illegally. (Hfocus Online News Agency, 2025, 2026; Thairath Online, 2020)

Importantly, when users search for keywords like "diabetes cured" on TikTok, the platform's algorithm automatically surfaces videos by real verified doctors alongside the misinformation videos in the search results. These real doctor videos clearly state that "diabetes cannot be cured, it can only be managed." Because of this algorithmic counter-messaging, misinformation creators became afraid to use the word "cure" or "cured" (หาย) directly. Instead, they adapted their language to use softer terms like "reduce blood sugar" or "lower blood sugar levels" to avoid being directly contradicted by the doctor videos that appear in the same search results. This is a language adaptation strategy driven by TikTok's algorithm surfacing credible medical content, not just by legal pressure alone.

Type 4: Misleading Dietary Advice

Misleading dietary advice is commonly observed, especially regarding diabetes. Both Philippines and Thai content often present certain foods as safe for everyone without considering personal medical history. The Thai context follows the Philippines very closely here, with many videos offering "one-size-fits-all" dietary solutions for complex chronic conditions. For example, The ingestion of fruit before a main course will attenuate postprandial glycemic response.

Audience Response and Interpretation

Analysis of user comments indicates varying levels of audience engagement and interpretation. In the Philippines, a significant proportion of viewers appear to accept the information, often expressing intent to try the recommended remedies. Some comments reflect curiosity, while few demonstrate critical evaluation, suggesting difficulty in assessing credibility.

In Thailand, audience responses show a different pattern. Overall, the volume of comments is relatively low compared to the Philippines. Some engagement appears to be "self-generated" by the sellers themselves (shill engagement) to create a false sense of popularity.

However, the level of interest changes significantly depending on the product's packaging. For medicinal products that come in professional-looking bottles or containers that appear "credible" and standardized, the audience response is much higher. In these cases, a large number of users post comments expressing strong interest, such as asking for prices or how to purchase, showing that professional visual presentation is a key factor in gaining Thai viewers' trust despite the lack of scientific proof.

Discussion

The findings of this study both confirm and extend prior empirical research on health misinformation in digital environments. Consistent with Suarez-Lledo and Alvarez-Galvez (2021), who documented the widespread prevalence of health misinformation across multiple social media platforms, this study confirms that TikTok is no exception—particularly in the context of NCD-related content in Southeast Asia. However, the present findings go beyond documenting prevalence by revealing the culturally embedded mechanisms through which misinformation gains

traction. Whereas prior studies (e.g., Southwick et al., 2021; Kbaier et al., 2024) have largely examined misinformation in Western or single-country contexts during acute health crises such as COVID-19, this study demonstrates that NCD-related misinformation in Southeast Asia operates through sustained, culturally resonant narratives—including spiritual authority, traditional medicine, and visual professionalism—that are distinct from the sensationalized crisis-driven misinformation documented elsewhere. This finding challenges the assumption that misinformation strategies are uniform across cultural contexts and underscores the need for culturally differentiated analytical frameworks.

From a theoretical standpoint, the study extends the application of the Elaboration Likelihood Model (ELM) and Social Learning Theory (SLT) beyond their conventional use in health communication research. Prior applications of ELM in digital health contexts have primarily examined peripheral cue processing in terms of source credibility and message framing (Wang et al., 2019). This study advances that understanding by demonstrating that peripheral cues on TikTok are not static but adaptive: Thai creators strategically shift their cue repertoire—from medical attire to religious symbols and professional packaging—in direct response to algorithmic counter-messaging and legal scrutiny. This represents a dynamic, platform-responsive form of peripheral persuasion not previously theorized in the ELM literature. Similarly, the SLT framework is extended by showing that observational learning on TikTok is not merely passive; audience behavior such as "how-to-buy" inquiries and skill engagement actively reinforces misinformation norms within the platform's social environment. These theoretical extensions suggest that future health communication models must account for the dynamic, algorithm-mediated nature of persuasion on short-form video platforms.

These findings carry significant practical implications for public health agencies, digital health educators, and social media platforms. For public health agencies in both the Philippines and Thailand, it is recommended to develop culturally tailored counter-messaging campaigns that directly address the specific misinformation types identified in this study—particularly "quick-fix" cure narratives and spiritually framed health claims. Measurable indicators for evaluating campaign effectiveness should include: (1) a reduction in engagement metrics (likes, shares, comments) on flagged misinformation content by at least 20% within six months of campaign launch; (2) an increase in health literacy scores among target populations as measured by validated instruments such as the Health Literacy Questionnaire (HLQ); and (3) a measurable increase in users' ability to identify misinformation, assessed through pre- and post-intervention surveys. For social media platforms, TikTok should be encouraged to expand its algorithmic counter-messaging strategy—currently surfacing verified medical content alongside misinformation search results—to cover a broader range of NCD-related keywords in both Thai and Filipino languages. For digital health literacy educators, intervention programs should incorporate platform-specific media literacy modules that train users to critically evaluate visual authority cues, testimonial-based appeals, and culturally embedded health claims. Such programs should target secondary school and university students as a priority population, given their high TikTok usage rates in both countries.

Conclusion

This study highlights the significant presence of health misinformation related to non-communicable diseases (NCDs) on TikTok in both the Philippines and Thailand. The findings

demonstrate that misleading health content is often presented in persuasive, simplified, and emotionally engaging formats, making it highly accessible and influential among users. Such content frequently promotes unverified remedies, instant cures, and misleading health advice, which may negatively affect users' health behaviors and decision-making.

The comparative analysis further suggests that while both countries share similar patterns of misinformation, cultural contexts and communication styles may shape how such information is interpreted and trusted. In particular, the alignment of misinformation with traditional beliefs and everyday practices increases its perceived credibility, thereby reinforcing its spread within digital environments.

These findings underscore the urgent need for stronger regulatory frameworks, improved digital health literacy, and more proactive public health communication strategies.

Recommendations

First, it is recommended that both Thailand and the Philippines strengthen the enforcement of existing laws related to false or misleading information in digital spaces. In Thailand, the Computer Crime Act B.E. 2550 (as amended) explicitly prohibits the input of false computer data that is likely to cause damage to the public. Similarly, the Philippines enforces provisions under the Cybercrime Prevention Act of 2012, which penalize the dissemination of false information through computer systems when it results in harm or public disorder. More consistent and transparent enforcement of these legal frameworks is necessary, particularly in cases involving health misinformation that may endanger public well-being.

Second, collaboration between government agencies, public health institutions, and social media platforms should be strengthened. Platforms such as TikTok should be encouraged to

implement stricter content moderation policies, fact-checking mechanisms, and algorithmic adjustments to reduce the amplification of misleading health content.

Third, there is a critical need to enhance digital health literacy among users. Educational initiatives should focus on improving individuals' ability to critically evaluate online health information, identify credible sources, and make informed health decisions. These initiatives should be tailored to different demographic groups, particularly younger users who are highly active on social media.

Finally, future research should further explore cross-cultural differences in the perception and impact of health misinformation, as well as evaluate the effectiveness of regulatory and educational interventions in mitigating its spread.

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