

Perceived Reliability of Online Health Information

*A qualitative study exploring how middle-aged South Africans
navigate online health information.*

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The UCT Knowledge Co-op facilitated this collaborative project between CANSA and UCT.

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Background

- In early stages of the pandemic, WHO warned of an 'infodemic' of misinformation.
- Facebook pages and websites to an estimated 3.8 billion views in 2020 (*Avaaz, 2020*)
- Hoaxes, unfounded medical advice and false information that could risk public health.



UNODC

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UN tackles 'infodemic' of misinformation and cybercrime in COVID-19 crisis



Outside of the pandemic, it isn't uncommon for people to search for health-related information online; be it looking up symptoms, researching a diagnosis or looking at treatment options. However, these health-seekers are not always aware of what information is credible.



There is a notable gap in literature surrounding how people search for health information online and issues of trust and credibility regarding internet-based information (Higgins, et al., 2011). Studies that have touched on this topic mainly look at motivations for health-seeking behaviour and not necessarily perceptions of reliability.

Research Problem

- **As South Africans become more reliant on the internet for health-related information, how do they navigate misinformation and what factors are considered when they determine the perceived reliability of an online source?**

Aims

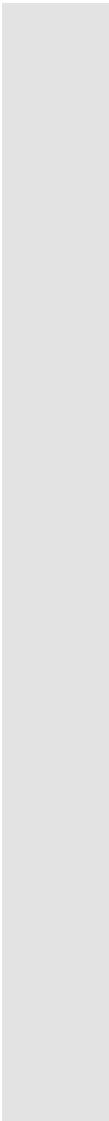
- To explore the factors middle-aged South Africans, consider when determining the perceived reliability of online health information, specifically when searching for information surrounding non-communicable diseases.

Methodology

- 10 Participants took part in this study
- Participant criteria:
 - Between the ages of 36-50 years of age
 - South African resident
 - No background in health sciences
 - English speaking
- Participants were gathered by means of snowball sampling
- Data was gathered by means of qualitative online interviews and in-depth phone interviews
- Data was organized using the software Nvivo and analysed by means of a thematic analysis.



Survey and Interview Questions

- Participants were asked questions in relation to both shared health information as well as their own health-seeking methods.
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Research Questions

- RQ1: How do middle-aged South Africans navigate online health information?
- RQ2: How do South Africans engage with health information online?
- RQ3: What factors determine what they consider to be a reliable online source?
- RQ4: Do they perceive the information that they encounter to influence their behaviour?



Findings

Perceptions, Interactions and Individuals

- Majority of participants had **negative perceptions towards shared health information**
 - Especially forwarded messages on platforms like **WhatsApp** and **Facebook Messenger**
 - They '**don't even bother**' with shared information based on the assumption that it is untrustworthy
- Interactions and perceptions of shared information can change depending on; **the source of the information** and the **individual who is sharing the information**.
 - One participant noted that **people may share information that is topical as opposed to factual**, whilst another noted that they **do not think individuals share health information with intention to deceive**.

Where shared information comes from, what it covers and how it's evaluated

- Sources of shared info: WhatsApp, Facebook, Instagram, email and SMS
- Sent by family, friends or acquaintances or 'random' people
- Topics: remedies, common symptoms, prevention tips, and general information about certain NCD's (examples given were Cancer and diabetes)
- 2 Participants noted that they also considered sponsored Facebook posts as shared information.
- Evaluation based on credible sources and familiar websites / organisations; own research, intuition and doctors advice.

Perceptions towards online health information, evaluation of online health information and health-seeking and motivations

- **Motivations:** looking up symptoms, searching for information about conditions, recovery information, empowering themselves, improving lifestyle or assessing urgency to see a health professional.
- **Methods:** Google search, checking popular websites, looking at several websites and cross reference information.
- Participants noted that they had more **positive perceptions of information that they've found themselves**, but they were still cautious and would prefer advice from a health professional.

Reliable factors, unreliable factors and trusted sources

- **Reliable factors**; user-friendly, attached to an organization with a **good reputation**, information was similar to what health professionals advised, **associated with recognised health organisations**, government websites, pharmaceutical company websites and **authors in the relevant health field**. Must look **'professional'**; the presence of contact information and a physical location, the date, the authors name, scientific backing or examples and the grammar and spelling should be correct. Straightforward articles are more trusted.
- **Unreliable factors**; poor structure, poor spelling and grammar, an unorganised interface, the need for users to enter personal information, excessive advertisements, an improper domain, **'home made'** or websites that were **'too flashy'**. Content that was **based on opinion**, had **no scientific backing**, **illogical** information, the **intention to sell a product** and **outlandish statements** to be unreliable.

Occupation Influence, Frequency of Interaction and Additional Considerations

- Participants noted that they don't often receive shared health information, nor do they frequently partake in health-seeking behaviour.
- Despite none of these participants having an academic background in health sciences, there were **some influences from their occupations that were considered through their evaluations of online health information.**

Perceived Impact and Accessibility

- The perceived impact of shared information; participants noted that **they may implement parts of what they read** or influence their lifestyle decision, but **not greatly influence their overall behaviour**. One participant noted that receiving shared information about NCD's **may prompt them to do more research** themselves on a particular topic.
- Participants noted that they perceived the information that they've gathered utilizing their searches to be **more likely to impact their behaviour**. Participants noted that they are more likely to trust this information as they've evaluated it themselves.

Conclusion

- Some of the key findings to come out of the data was the following;
 - Participants seem to be aware of the frequency of misinformation online based on their distrust of shared online health information and were reluctant to engage with shared online health information, mainly information that was forwarded to them.
 - When participants do engage with shared online health information, they employ basic evaluations of shared information and search for a credible source before trusting this information.
 - Some participants make use of online health information for their health-seeking behaviours and whilst conducting their own searches, cross-referencing information seems to be a commonly used method of evaluation, with familiar or repeated information allowing participants to feel more trusting that the information is reliable.
 - With regards to factors that influence participants perceived reliability of online health information; participants emphasized the need for a credible source attached to the information or website that they are reading. Participants seemed to be more trusting of names of organisations and brands that were familiar to them and found that repeated information through cross-referencing multiple websites made them perceive the information as more trustworthy.
 - Some participants noted that their occupations influence how they evaluate and engage with health information, despite their work not always being in the health field. One participant also noted a lot of online health information coming from a Eurocentric perspective and may not be entirely applicable in a South African context.



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