A LOOK AT SOCIAL MEDIA AND MISINFORMATION IN REGARD TO ABORTION

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AIMS
Define the rate of medical misinformation related to abortion on social media and evaluate the source of this information as coming from physicians, other medical professionals or non-medical professionals.

BACKGROUND
Social media is prevalent in the lives of many patients and has become a resource for patients to obtain information. It is utilized by both health care professionals and non-health care professionals to obtain and distribute medical information. It can be useful. Studies have demonstrated the usefulness of social media in increasing health literacy, self-efficacy, and treatment adherence1 however, it can also be harmful as studies have demonstrated that online health information varies widely in completeness, accuracy, and quality1, meaning that a growing number of patients who seek out health information online may be exposed to conflicting or misleading information. While research has been done in multiple areas of health care to evaluate the rate of medical misinformation available on social media, there is a paucity of data available on this topic when it comes to women’s health. As social media is a significant platform for patient education, it is important for health care providers to know the rate of misinformation to allow for appropriate patient centered care.

METHODS
Open source posts through the platform Instagram were collected using a custom web-scraper program. Posts were included if they met the following parameter: greater than 250 likes, posted between January 1st, 2012 and July 11th, 2022, and contained at least one prespecified hashtag, #AbortionPill, #AbortionFacts, #UnplannedPregnancy. Posts were then analyzed for poster self-identification as a physician, other medical professional and for the presence of medical content. Medical information and recommendations were deemed as accurate or inaccurate based on standard of care guidelines from ACOG, CDC, Guttmacher Institute, and WHO. Statistical Analysis was performed with simple calculations using excel.

RESULTS
679 posts were initially pulled through the web scraper program meeting the pre-specified inclusion criteria. The final data set was obtained by subtracting posts that had been deleted at the time of analysis and Non-English posts, resulting in 579 posts for final analysis. Of these 579 posts, 97% were from non-medical professionals, 1.5% from physicians and 1.5% from non-physician medical professionals. Of posts containing medical information or recommendations, 63.5% contained accurate information at 36.5% contained misinformation. Of the posts containing misinformation, 79% of these were from non-medical professionals, 10.5% from physicians and 10.5% from non-physician medical professionals. 47.9% of total posts took a pro-abortion stance, 34.8% took an anti-abortion stance and 17.3% took no stance. Of posts containing medical misinformation 15.8% took a pro-abortion stance and 84% took an anti-abortion stance.

CONCLUSIONS
This study demonstrated that social media is being used to distribute accurate and inaccurate medical information by both medical professionals and non-medical professionals and from both a pro and anti-abortion beliefs. This study demonstrated not only that medical information related to abortion exists on social media, but that not all circulated information is accurate. 36% of analyzed posts in our study containing medical information, contained misinformation. We believe this to have clinical significance. Studies have shown that patients may be exposed to large amounts of contradictory information on social media and that this may have an impact on their perceptions and behaviors related to their health and health care1. Clinicians should be aware that medical misinformation is prevalent on social media and may impact patient counseling and care.

FURTHER CONSIDERATIONS
Data collection was completed across the time period when the Dobbs Decision was released. A large number of posts from this time frame were centered on political and personal opinions. Further research could include data collection during different time frames to further determine the effect of this event on the number of posts related to abortion and the presence and accuracy of medical information/recommendations. Other areas of investigation could include other social media platforms, effects of medical misinformation on social media on the patient experience specifically related to women’s health and misinformation in other women’s health topics.

REFERENCES

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