

ORIGINAL ARTICLE

FROM LIKES TO ADVICE: THE INFLUENCE OF SOCIAL MEDIA ON PARENTAL HEALTH DECISIONS

Sofia Maria da Silva Faria¹, Daniela Ferreira da Costa², Ana Rita Gomes de Sousa², Carolina Isabel Lopes Pinto da Costa¹, Carla Cristina Abreu Faria Freitas Morna².

¹Pediatrics Department, Hospital Pedro Hispano, Unidade Local de Saúde de Matosinhos, Matosinhos, Portugal;

²Family Medicine, Unidade de Saúde Familiar de Modivas, Unidade Local de Saúde Póvoa de Varzim/Vila do Conde, Vila do Conde, Portugal.

ABSTRACT

Introduction: The rapid evolution of digital platforms has reshaped how parents' access and engage with health information. This shift is especially evident in parenting, as caregivers frequently rely on social networks for advice and information about their children's well-being. This research explores how parents search for pediatric health information online by analyzing their chosen sources, browsing habits, and socio-demographic characteristics.

Methods: An anonymous 18-question survey was conducted among parents attending child and youth health consultations at a health center from March to April 2024. Data were anonymized, analyzed using SPSS® version 28.0, and presented as frequencies, percentages, means, and standard deviations.

Results: Among the 85 participants, 48 (56.5%) reported using online platforms for health information. Of these, 28 (58.3%) preferred general internet pages, while 13 (27.1%) relied on Instagram, 6 on Facebook (12.5%) and 1 (2.1%) on YouTube. The study found that mothers and individuals with higher educational levels were significantly more likely to use online resources ($p=0.013$, $p=0.026$). The most common areas of interest included general pediatrics (13, 27.1%), child development (12, 25%), and nutrition (9, 18.8%). Despite their online engagement, 45 (95.8%) of those seeking health information still turned to healthcare professionals when faced with conflicting details.

Conclusion: Online platforms play an important role in providing with health information, acting as supplement to traditional healthcare advice. However, the potential for misinformation on these platforms highlights the importance of digital literacy and fostering collaboration between healthcare providers and online platforms to ensure parents have access to accurate and actionable information.

Introduction

In our modern digital age, social media and online platforms have transformed the ways parents' access, exchange, and understand health information.^{1,2} For many parents, particularly mothers, the internet has become an essential tool for addressing various health-related questions while balancing the challenges of caring for young children.³ Social media, forums, and dedicated health websites provide immediate, around-the-clock access to advice, experiences, and medical knowledge, enabling parents to make more informed choices about their children's health without the need for in-person consultations.^{4,5}

This shift towards online information-seeking is

particularly evident among parents of young children, for whom health decisions are frequent and often time-sensitive. Research shows that many parents, particularly first-time mothers, are turning to social media not only for advice on everyday health concerns but also as a source of emotional support and validation during critical periods of parenting.⁸ Digital platforms such as Facebook, Instagram, and specialized parenting websites enable parents to quickly connect with others, exchange insights, and access content tailored to specific parenting stages, such as newborn care, feeding practices, and developmental milestones.⁶⁻⁸

However, this ready access to information is not without risks. Studies suggest that the sheer volume and variability of online health content can lead to misinformation, especially regarding complex topics like vaccination, nutrition, and mental health. Parents may struggle to discern credible sources from less reliable ones, with potentially significant consequences for their children's well-being.⁹⁻¹⁰ Furthermore, factors like region, socioeconomic status, and cultural

Address for Correspondance: Sofia Maria da Silva Faria, Unidade Local de Saúde de Matosinhos, Hospital Pedro Hispano, Rua de Dr. Eduardo Torres, 4464 - 513 Senhora da Hora, Portugal.

Email: sofiasilvafaria@gmail.com

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background influence how and where parents look for information, with notable variations in the preferred platforms and the trustworthiness attributed to different source.^{5,11}

The COVID-19 pandemic demonstrated the growing reliance on digital platforms as families sought accurate and timely information during a period of uncertainty.¹¹ Online resources became vital for understanding health risks associated with the pandemic and adapting to evolving healthcare practices, further emphasizing the influence of digital media on parental decision-making.¹¹

As parents increasingly turn to social media for guidance, healthcare professionals and researchers are focusing on the need to explore how these platforms shape parental beliefs, behaviors, and choices regarding their children's health.

The purpose of this study is to explore parents' online search for pediatric health information by examining their preferred sources, online behavior and associated socio-demographic factors.

Methods & Materials

An anonymous and individual questionnaire (Table 1) was prepared by the authors after an extensive review of the literature and based on some articles in the area^{5,7, 8, 11} and consisted of 18 questions. Eligibility criteria included being at least 18 years of age and being parents of a child observed in the context of child and youth health and open consultation in USF Modivas from March to April of 2024. All those who did not meet the previous criteria were excluded.

Table 1. Questionnaire given to the study cohort.

1. Accompanying Family Member:
Father
Mother
2. Age of accompanying Family Member:
3. Marital Status:
Married
Divorced
Single
Widowed
4. Education Level:
High level of education degree
Lower level of education degree
5. Employment Status:
Unemployed
Retired
Self-employed
Employed
6. Residence:
Urban
Rural
7. Number of Children:

8. Age of the Child in Consultation:
9. Use of online information:
Yes
No
If you answer no, you don't need to continue answering the questionnaire!
10. Platforms used:
Facebook
Instagram
YouTube
Internet Pages
11. Frequency of Use:
Less than once a week
Once a week
Several times a week
Daily
12. Recommendation Sources:
Friends/Family
Health professionals
Self-initiative
13. Information Topics:
Breastfeeding
Immunoallergology
General Pediatrics
Nutrition
Footwear
Child Development
Sleep
Vaccines
14. Resolving Conflicting Information:
Health professionals' advice
Social media/websites
15. Credibility rating of the informations (1 to 10):
16. Posting questions online:
Yes
No
17. Seeking Information online because of the need for additional information:
Yes
No
18. Seeking information online because feeling uncomfortable asking professionals:
Yes
No

The survey was completed during a nursing or medical consultation and delivered in a closed box located at the USF secretariat. The data were subsequently recorded in an anonymized database using Microsoft Office Excel 2019 ® and converted to appropriate variables:

(a) categorical variables (for example, accompanying family member; marital status; employment status; platforms used and frequency of use) and (b) quantitative variables (age of accompanying family member; age of the child in consultation and credibility rating). Education level was categorized into two groups: those with a lower level of education (less than 12th grade) and those with a higher level of education (including diploma, bachelor's, master's, and PhD degrees).

Categorical variables were presented as frequencies and percentages, and continuous variables as means and standard deviations for variables with normal distribution, or medians and interquartile ranges for variables with skewed distributions. Normal distribution was checked using Shapiro-Wilk test.

Association between the use of online information and socio-demographic characteristics were determined with chi-square test (fisher exact test when appropriate) for categorical variables and t-tests (or Mann-Whitney U test when variables had skewed distributions) for continuous variables. Additionally, association between the education level of the accompanying family member and the use of online information was tested with chi-square test (fisher exact test when appropriate). In all statistical tests conducted, a p-value threshold of 0.05 was used to reject the null hypothesis. Statistical analysis was carried out using SPSS® version 28.0.

This study was performed with the authorization of the Health Ethics Committee of Unidade Local de Saúde Póvoa de Varzim/Vila do Conde (nº 2024-3337) and all participants provided written informed consent prior to participating. All data were kept confidential.

Results

We recruited a total of 100 participants, but 15 (15%) were excluded as they did not meet the eligibility criteria. The final analyzed sample correspond to 85 participants (Table 2).

Table 2. Socio-demographic characteristics of the participants.

Characteristic	Frequency
Accompanying Family Member	
Mother	66 (77.6)
Father	19 (22.4)
Marital Status	
Married	41 (48.2)
Divorced	4 (4.7)
Single	38 (44.7)
Widowed	2 (2.4)
Education Level	
Higher level of education degree	32 (37.6)
Lower level of education degree	53 (62.4)
Employment Status	
Unemployed	9 (10.6)

Retired	1 (1.2)
Self-employed	12 (14.1)
Employed	63 (74.1)
Residence	
Urban	39 (45.9)
Rural	46 (54.1)
Number of Children	
1	35 (41.2)
2	31 (36.5)
3	13 (15.3)
4	6 (7.1)
Age of Accompanying family member a	
35.78 (8.10)	
Age of the Child in consultation b	
3 (7)	

Legend: The data has been represented as n (%) or a mean (SD) or b median (IQR).

The majority of accompanying family members were mothers, and nearly half of the participants were married. Most participants had a lower level of education, ranging from 6th to 12th grade, while a smaller proportion had higher education degrees. The majority were employed and over half of the participants lived in rural areas.

Regarding the use of social media or websites to search for information, the majority of accompanying family members reported using social media or online platforms to seek information. The behavioral data of participants who use online information are described below (Table 3).

Table 3. Behavioral data of participants who use online information.

Characteristic	Frequency
Platforms Used	
Facebook	6 (12.5)
Instagram	13 (27.1)
YouTube	1 (2.1)
Internet Pages	28 (58.3)
Frequency of Use	
Less than once a week	29 (60.4)
Once a week	5 (10.4)
Several times a week	13 (27.1)
Daily	1 (2.1)
Recommendation Sources	
Friends/Family	12 (25)
Health professionals	20 (20.8)
Self-initiative	26 (54.2)
Information Topics	
Breastfeeding	4 (8.3)
Immunoallergology	1 (2.1)



General Pediatrics	13 (27.1)
Nutrition	9 (18.8)
Footwear	4 (8.3)
Child Development	12 (25)
Sleep	4 (8.3)
Vaccines	1 (2.1)
Resolving Conflicting Information	
Health professionals' advice	46 (95.8)
Social media/websites	2 (4.2)
Posting Questions	
Yes	13 (27.1)
No	35 (72.9)
Reasons for Seeking Information	
Need for additional information	
Yes	18 (37.5)
No	30 (62.5)
Uncomfortable asking professionals	
Yes	15 (31.2)
No	33 (68.8)
Reliability of sources a	
6.44	(1.54)

Legend: The data has been represented as n (%) or a mean (SD).

The most commonly used specific platforms were general internet pages, followed by Instagram, Facebook and YouTube. Most participants accessed these sources less than once a week, only a small proportion using them daily.

The majority of the recommendations for these information sources come from friends, family, or health professionals (family doctors and pediatricians) and the information sought included topics like breastfeeding, immunology, pediatrics, nutrition, and child development, among others.

In case of conflicting information, most of the participants reported following the advice of health professionals. Regarding engagement with platforms, most of the participants refrained from posting questions. Parents were surveyed about their reasons for seeking information online. When asked if the need for additional details beyond what health professionals provided motivated their online search, a significant proportion of respondents agreed. Additionally, some indicated that discomfort in asking health professionals questions directly was a contributing factor to seeking information online.

We examined potential associations between socio-demographic characteristics and the use of online information. The analysis revealed that online information usage is significantly associated with mothers as the accompanying family member and with individuals possessing higher educational levels (university degree or above). Additionally, employment status, specifically being employed or self-employed,

was found to influence the likelihood of using information sources. Employed individuals are more likely to use online information than self-employed individuals. However, no significant association was observed between other socio-demographic characteristics and online information usage (Table 4).

To assess the relationship between education level and online information usage, participants were categorized into two groups: those with a lower level of education (less than 12th grade) and those with a higher level of education (including diploma, bachelor's, master's, and PhD degrees) (Table 5).

Topics of interest included General Pediatrics, Nutrition, and Child Development for both groups, but preferences like Sleep and Footwear varied. Despite these variations, topic preferences differences were not statistically significant. When faced with conflicting information, parents primarily follow health professional's advice in both groups. Although, a small amount of higher education individuals reported following social media or websites advice over health professionals.

A significant difference was found in motivations for seeking information online, with lower education participants having a higher need for additional information besides what was given by the health professional compared to the higher education group. Both groups were reluctant to post questions online, particularly higher education individuals and most participants felt comfortable consulting health professionals for advice.

Discussion

This study investigated parents' reliance on social media and online platforms for health information about their children, focusing on the behavior, preferences, and associated socio-demographic factors.

The study revealed that 48 (56.5%) parents utilized online platforms to obtain health information about their children and that mothers and individuals with higher educational levels were significantly more likely to engage with online health resources ($p=0.013$ and $p=0.026$, respectively).

The fact that mothers are more likely to use online health resources can be attributed to sociocultural norms assigning them caregiving roles, practical responsibilities as primary caregivers, and emotional needs for reassurance.^{6,12-13} Digital platforms often target mothers with tailored content, reinforcing their role as health information seekers.^{6, 12} They frequently rely on tools such as parenting apps and online communities for topics like infant care and pregnancy.^{12,13} Mothers also act as intermediaries, sharing information with their partners, which perpetuates gendered expectations in family health management.⁶

The association between higher education levels and more frequent online health information searches can be explained by multiple factors. Educated individuals often have better digital literacy, enabling them to navigate online resources more effectively, a skill necessary for filtering reliable health information.¹⁴

Additionally, higher education correlates with greater awareness of the benefits of leveraging online platforms for specific and accurate health data, as reflected in studies showing that university-educated parents

Table 4. Associations of socio-demographic characteristics and use of online information.

Demographic Data	Use of online information		Statistical test value	p-value
	Non-User group count (% within each category) 37 (43.5)	User group count (% within each category) 48 (56.5)		
Accompanying Family Member			6.168 ^c	0.013
Mother	24 (64.9)	42 (87.5)		
Father	13 (35.1)	6 (12.5)		
Marital Status			3.609 ^c	0.307
Married	20 (54.1)	21 (43.8)		
Divorced	0 (0)	4 (8.3)		
Single	16 (43.2)	22 (45.8)		
Widowed	1 (2.7)	1 (2.1)		
Education Level			4.954 ^c	0.026
Higher level of education	9 (24.3)	23 (47.9)		
Lower level of education	28 (75.7)	25 (52.1)		
Employment Status			9.465 ^c	0.024
Unemployed	6 (16.2)	3 (6.25)		
Retired	0 (0)	1 (2.1)		
Self-employed	9 (24.3)	3 (6.25)		
Employed	22 (59.5)	41 (85.4)		
Residence			1.708 ^c	0.191
Urban	14 (37.8)	25 (52.1)		
Rural	23 (62.2)	23 (47.9)		
Number of Children			0.987 ^c	0.320
1	13 (35.1)	22 (45.8)		
2 or more	24 (64.9)	26 (54.2)		
Age of Accompanying family member a	37 (8.53)	48 (7.79)	-1.226 ^d	0.180
Age of the Child in consultation b	5 (10)	2 (7)	1088 ^e	0.074

Legend: The data has been represented as n (%) or a mean (SD) or b median (IQR), c chi-square value, d t-value, e mann-whitney value. The chi-square, t-test and mann-whitney were used to calculate the p-value. Statistical significance at $p < 0.05$.

Table 5. Associations of educational level and use of online information.

Characteristic	Use of online information Group		Statistical test value	p value
	Lower level of education degree group count (% within each categories) 25 (52.1)	Higher level education degree group count (% within each categories) 23 (47.9)		
Platforms Used			3.810 ^a	0.283
Facebook	5 (20)	1 (4.4)		
Instagram	7 (28)	6 (26)		
YouTube	0 (0)	1 (4.4)		
Internet Pages	13 (52)	15 (65.2)		
Frequency of Use			1.230 ^a	0.746



Less than once a week	15 (60)	14 (60.9)		
Once a week	2 (8)	3 (13)		
Several times a week	7 (28)	6 (26.1)		
Daily	1 (4)	0 (0)		
Recommendation Sources			0.805 ^a	0.669
Friends/Family	7 (28)	5 (21.7)		
Health professionals	6 (24)	4 (17.4)		
Self-initiative	12 (48)	14 (60.9)		
Information Topics			12.46 ^a	0.086
Breastfeeding	1 (4)	3 (13)		
Immunoallergology	1 (4)	0 (0)		
General Pediatrics	6 (24)	7 (30.4)		
Nutrition	4 (16)	5 (21.8)		
Footwear	0 (0)	4 (17.4)		
Child Development	8 (32)	4 (17.4)		
Sleep	4 (16)	0 (0)		
Vaccines	1 (4)	0 (0)		
Resolving Conflicting Information			2.268 ^a	0.224
Health professional's advice	25 (100)	21 (91.3)		
Social media/websites	0 (0)	2 (8.7)		
Posting Questions			0.639 ^a	0.523
Yes	8 (32)	5 (21.7)		
No	17 (68)	18 (78.3)		
Reasons for Seeking Information				
Need for additional information			4.68 ^a	0.031
Yes	13 (52)	5 (21.7)		
No	12 (48)	18 (78.3)		
Uncomfortable asking professionals			0.548 ^a	0.542
Yes	9 (36)	6 (26.1)		
No	16 (64)	17 (73.9)		

Legend: The data has been represented as n (%), a chi-square value. The chi-square test was used to calculate the p-value. Statistical significance at $p < 0.05$.

extensively use smartphones and the internet for health queries.¹² Furthermore, higher education is linked to enhanced self-efficacy, enabling individuals to trust and utilize digital tools to complement traditional sources like physicians.¹³ These factors collectively facilitate the integration of online health-seeking behaviors among educated populations and emphasize the need for tailored interventions to enhance accessibility and discernment among populations with lower education levels.

Notably, among parents seeking health information online, 46 (95.8%) prioritized advice from health professionals when confronted with conflicting information, demonstrating a strong preference for expert guidance over online sources.⁷ This finding reflects a broader trend where, despite frequent use of social media and online platforms for health information, users remain cautious about the reliability of such sources.⁹ While social media offers easy access

to health-related advice, studies indicate that many parents prefer to consult healthcare professionals when faced with contradictory information online.⁷ This suggests that, despite the abundance of health content available on digital platforms, users remain skeptical about the credibility of unverified sources.⁹ The preference for professional advice in such situations highlights the importance of trusted healthcare providers in guiding health decisions, particularly for families.^{7,15} Moreover, the caution observed among parents suggests an increasing awareness of the potential risks of misinformation.⁹ This pattern underscores the continuing need for effective health communication strategies that empower individuals to navigate online health content while prioritizing expert advice when making decisions.⁷

The results also highlighted the motivations driving online information-seeking behavior. A significant proportion of parents (18, 37.5%) looked for further

details not covered by healthcare providers, while 15 (31.2%) felt discomfort asking questions during medical appointments. This highlights a gap in parent-provider communication that online platforms appear to fill and can be explained in part by the limited time of consultation.^{1,15}

The study's limitations include the relatively small and localized sample size, with participants drawn exclusively from one health center over a limited timeframe (March to April 2024). This may restrict the representativeness of the findings. The reliance on self-reported data introduces the potential for recall bias, as participants may have inaccurately estimated their online engagement or trust levels.

The findings have limited generalizability due to the study's sample, which primarily involved participants from a specific geographic and socio-economic context. Variations in internet access, cultural norms, and healthcare systems across regions could influence online health information-seeking behaviors, necessitating caution in applying these results universally. However, the study's emphasis on the interplay between social media and healthcare offers broadly relevant insights for addressing parental health information needs in the digital age.

Conclusion

This study highlights the critical role of social media and online platforms as health information resources for parents. While these platforms offer accessibility and convenience, parents demonstrate a strong preference for validating online information through healthcare professionals, underscoring the importance of reliable and trustworthy medical guidance. The findings suggest that education level and maternal involvement significantly influence the likelihood of seeking health information online, pointing to the need for targeted digital literacy programs to support diverse parent populations.

Despite the valuable insights gained, the study's limitations, including its localized sample and reliance on self-reported data, underscore the need for further research. Expanding the scope to include varied socio-economic and cultural contexts will enhance the understanding of online health information behaviors among parents. Additionally, evaluating the quality and impact of the accessed information on health outcomes is critical for shaping effective digital health strategies.

In an era where digital media increasingly complements traditional healthcare, fostering collaboration between healthcare professionals and online platforms can ensure parents receive accurate and actionable information. This approach will help bridge gaps in communication, empower parents, and ultimately improve child health outcomes.

Compliance with Ethical Standards

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