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The impact of parental use of Social media for medical advice on health seeking behavior in children in Jeddah : A cross sectional Study

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Abstract

Objective

The increasing use of social media and artificial intelligence (AI) for medical advice has changed how parents seek health information for their children. This study aimed to assess how parental use of online sources influences health-seeking behavior and trust in medical information. A cross-sectional study was conducted between 2025 and 2026 among parents in the Western Province of Saudi Arabia to evaluate online health information-seeking patterns, trust in physicians and digital sources, and reliance on online medical advice.

Results

A total of 531 parents participated. Most searched online when their child was unwell; 32.0% searched regularly and 28.4% occasionally. Search engines (35.6%) and AI tools (30.9%) were the most common sources, compared with social media (6.6%). Most parents (91.2%) trusted their child's physician, although 34.0% reported discrepancies between online information and medical advice. When discrepancies occurred, 56.8% preferred medical advice and 3.7% relied on online information. Mean Doctor Trust and Online Trust Scores were 4.40 ± 0.68 and 3.52 ± 0.48, respectively, and were positively correlated ($\rho = 0.230$, $p < 0.001$). Overall, digital sources complemented rather than replaced professional medical advice.

Introduction

The Internet and social media are widely used sources of health information. Young parents, having grown up with digital media, increasingly use these platforms for information and communication, including information about their children's delivery, breastfeeding, and diseases.

Parents' confidence in their child's doctor promotes adherence to medical advice despite conflicting online information. However, some may rely on online sources rather than healthcare professionals for non-serious conditions, although many still consult professionals after online searches. Treating children based on online advice without qualified counsel may cause harm. Low e-health literacy—the ability to seek, understand, and appraise online health information—may increase distress and reduce trust in doctors when conflicting information is encountered. Social media trust may contribute to delayed or avoided care.

A 2022 scoping review of 24 studies found that parents commonly used social media before or after consulting doctors, sometimes delaying or avoiding care. A 2023 Australian cross-sectional study reported preference for online advice, particularly when online communities provided emotional support. Behavioral studies have also linked parental phone absorption to increased anxiety and behavioral problems.

Despite extensive research on parental social media use, evidence focuses mainly on motivations and attitudes rather than outcomes such as delayed care, incorrect treatment, or unnecessary emergency visits. Most evidence originates from Western countries, with limited Middle Eastern research despite differences in healthcare access and e-literacy. Region-specific research, particularly in Jeddah, is therefore needed. This study examines the effect of social media use on parental health decisions for children to address this gap and support parental decision-making, health education, and guidance for policymakers and healthcare professionals.

Methodology

A cross-sectional study was conducted from 2025–2026 at King Abdulaziz University Hospital, Jeddah, Saudi Arabia. An anonymous, self-administered online questionnaire was distributed electronically throughout the Western Province.

Eligible participants were adults ≥18 years residing in the Western Province who were primary caregivers responsible for healthcare decisions for at least one child under 14 years and actively sought pediatric health information through WhatsApp, Instagram, X (formerly Twitter), TikTok, Facebook, YouTube, or artificial intelligence-based applications. Electronic informed consent was obtained, and participation was voluntary. Participants were excluded if they were not primary caregivers or healthcare decision-makers, did not use digital platforms for health information, lived outside the Western Province, were <18 years, or submitted incomplete or duplicate surveys.

Study Instrument

A structured online questionnaire modified from Frey et al. [9] was translated into Arabic and assessed social media and artificial intelligence (AI) use for pediatric medical advice. It comprised six sections:

1. General Information: age, family income, parental education, Western Region residence, number of children under 14, and childhood chronic diseases.

2. Physician Relationship: communication quality, treatment adherence, satisfaction, and trust in the child’s physician.

3. Digital Health Literacy and Information-Seeking Behavior: use and frequency of social media, internet, and AI for health information and common search keywords.

4. Credibility of Online Sources: trust in medical websites such as the Mayo Clinic, personal networks, and official physician accounts, including professional authorship and hospital recommendations.

5. Information Utilization and Behavioral Outcomes: internet reliance instead of physician consultation, reasons such as perceived non-serious illness or long waiting times, responses to conflicting information, and negative outcomes from online advice.

6. Support and Evaluation Needs: preferences for direct consultation, educational sessions, or videos, and assistance in evaluating and understanding online information.

Ethical Approval and Data Description

The study followed the Declaration of Helsinki and received King Abdulaziz University ethics committee approval (reference number 176-22). Electronic informed consent was obtained, and participants were informed of the study objectives.

Categorical variables were summarized using frequencies (N) and percentages (%), while continuous variables, including Doctor Trust Score and Online Trust Score, were described using mean ± standard deviation (SD) and median with interquartile range (IQR).

Exclusion and Scoring

Of 584 identified cases, 53 were excluded: 22 because children were aged above 13 years and 31 because participants were outside the Western Region. The final sample comprised 531 participants.

Two scores were calculated. Doctor Trust Score comprised Trust competence & follow plan and Communication satisfaction, both rated from Strongly Disagree (1) to Strongly Agree (5); their mean constituted the overall score.

Online Trust Score assessed 15 website characteristics: professional design, owner contact details, absence of advertisements, authorship (medical professional, expert, parent), neutrality, ease of use, previous usage, relevance to personal experience, relevance to physician information, timeliness, recommendation by an authoritative figure, similarity with other websites, and “feels true” information. Ratings ranged from Strongly Disagree (1) to Strongly Agree (5), with the mean of all 15 items forming the total score.

Inferential Statistics

The Shapiro-Wilk and Kolmogorov-Smirnov tests were used to test the normality of the continuous data such as Doctor Trust Score and Online Trust Score and the tests showed that the data were not normally distributed. Thus, inferential analyses were done using non-parametric statistical techniques.

Independent Sample Mann-Whitney U test was applied to compare the scores of Doctor Trust and Online Trust of two-category variables, i.e. language preference or the presence of chronic health conditions. Independent Sample Kruskal-Wallis test was used to compare the variables that had more than two categories such as age groups, education levels, family income and the frequency of online health information use.

The rho correlation was used by Spearman to determine the relationship between continuous or ordinal variables, including the relationship between Doctor Trust Score and Online Trust Score, or between trust scores and the probability of taking online advice when a child is ill.

Significance Level

The p-value of less than 0.05 was taken as significant.

Software

All the analyses were done with the help of IBM SPSS version 27.0.1.

Results

Sociodemographic Characteristics of the Study Participants

The study included 531 respondents; the vast majority were Arabic speakers (97.7%). The largest age demographic was the 24–40 cohort (49.7%), followed by individuals aged 40–55 (33.0%). Smaller proportions were represented by those under the age of 24 (12.8%) and those over 55 (4.5%). All participants resided in the Western Region. Most had university-level education (59.3%), while (28.2%) held a high school diploma and smaller groups had primary or intermediate education (6.4%), postgraduate degrees (3.4%), or no formal education (1.1%). Family income was mainly 10,000–19,000 SAR (49.3%), with (28.6%) earning <10,000 SAR and (16.8%) earning 20,000–39,000 SAR. Only (5.1%) exceeded 40,000 SAR. Overall, the sample represented a well-educated, socioeconomically stable population as shown in **(Table1)**.

Child Health Characteristics, Doctor Trust, and Online Health Information-Seeking Behavior

All respondents had children ≤13 years old. Most had one or two children (31.7% and 35.2%), and (24.7%) reported a chronic condition. Trust in physicians was high, (91.2%) strongly believed in doctors' competence and treatment plans, and (89.0%) were satisfied with communication. In terms of online searching, it was common for (32.0%) to always and for (28.4%) to mostly seek information when a child was ill. Search engines (35.6%) and AI tools (30.9%) were the most frequent starting points for the participants, followed by government websites (26.9%) and social media (6.6%). These findings suggest that, even though parents have high trust in healthcare providers, online resources, particularly search engines and artificial intelligence-based applications, play a significant complementary role in seeking information about children’s health. **(Table 2)**

Table 2. Child Health Characteristics, Doctor Trust, and Online Health Information-Seeking Behavior

			N	%
Children under 13 (N=460)	Children under 13 (N=460)	Yes	460	100.0%
Number of children ≤13 (N=460)	Number of children ≤13 (N=460)	0	5	1.1%
		1	146	31.7%
		2	162	35.2%
		3	98	21.3%
		4	25	5.4%
		5	13	2.8%
		6	6	1.3%
		7	1	0.2%
		9	2	0.4%
		12	2	0.4%
Chronic health condition	Chronic health condition	No	400	75.3%
		Yes	131	24.7%
Doctor Trust	Trust competence & follow plan	Strongly Disagree	2	0.4%
		Disagree	5	0.9%
		Neutral	40	7.5%
		Agree	200	37.7%
		Strongly Agree	284	53.5%
	Satisfaction with communication	Strongly Disagree	3	0.6%
		Disagree	6	1.1%
		Neutral	49	9.2%
		Agree	203	38.2%
		Strongly Agree	270	50.8%
Likelihood to search online when child sick	Likelihood to search online when child sick	Never	17	3.2%
		Rarely	49	9.2%

		Sometimes	144	27.1%
		Mostly	151	28.4%
		Always	170	32.0%
Likelihood to search online when child sick	Likelihood to search online when child sick	A search engine like Google/Yahoo	189	35.6%
		Government websites such as the Saudi Ministry of Health / Sehaty app	143	26.9%
		Social media (such as WhatsApp, Instagram, platform x)	35	6.6%
		Using artificial intelligence, such as using chat GPT	164	30.9%

Online Health Information-Seeking Patterns, Website Selection Behavior, and Trust in Online Health Information Sources

Participant Parents typically searched for either the complete spectrum of symptoms (55.4%) or specific symptoms (39.7%), while (36.2%) of respondents investigated a suspected diagnosis. A smaller proportion of participants accessed specific health-related websites directly (20.7%). The criteria for selecting a website were primarily based on indicators of credibility, such as the reliability of the source (33.7%), the degree of correspondence with symptoms (30.9%), or the prominence of the site in search engine results (28.6%). Most had never joined private medical groups (88.4%). Global medical websites were ranked most reliable (58.6%), followed by doctors' official accounts; public social media and advice influenced by friends' or relatives' experiences ranked lower. Government websites were rated highly by the small group evaluating them. These results show that perceived credibility and informational relevance are more important to parents when navigating online health resources, and that there is high trust in existing medical sources and those with professional affiliations. **(Table 3)**.

Factors Influencing Participants' Trust in Online Health Information Websites

Participants' responses demonstrated a strong correlation between trust and formal credibility markers. The highest levels of consensus were observed regarding websites recommended by authorities (84.6%), content authored by healthcare professionals (81.5%), information consistent with medical advice (76.7%), and the currency of the provided information (76.5%). Experience-based factors also played a significant role: previously used sites (67.1%) and similar personal/family experiences (68.5%). Usability factors such as ease of use (51.9%) and absence of advertisements (52.5%) were generally associated with higher levels of trust. Whereas professional design (45.9%) and the disclosure of information regarding site ownership (56.8%) were moderately influential. Conversely, platforms authored by parents garnered lower levels of strong agreement, with responses tending toward neutrality

(38.1%) or moderate agreement (41.8%). Furthermore, more than half of the respondents (58.4%) indicated that their trust was influenced by subjective assessments of credibility. These results show that participants place their trust more in formal credibility signals, especially institutional endorsement, professional authorship, and compliance with clinical guidance. Experience and usability factors are secondary influencers. **(Table 4)**

Parental Use of Online Medical Advice, Associated Outcomes, and Preferences for Health Information Support

The results show that parental behaviors vary in terms of reliance on online medical consultation when a child falls ill. Although a significant percentage of respondents have never (18.5%) or rarely (21.2%) acted on internet advice rather than seeking a doctor's advice, more than a third said they do so sometimes (37.2%), mostly (11.3%), and always (11.9%).Reasons included previous success (41.2%), similar personal / family experiences (36.4%), trusted information found online (28.4%), long waiting times (16.0%), perceived mild illness (21.4%), healthcare provider unavailability (11.7%), and cost (11.1%). Only (4.1%) cited distrust in doctor competence. Most parents (90.9%) reported no negative effects on their children from using online medical advice, while a small proportion (9.1%) acknowledged adverse effects. Contradictions with physician advice occurred in (34.0%), and most informed their doctor. When faced with conflicting information, (56.8%) followed the doctors’ advice, while (3.7%) chose to follow online information. A majority expressed interest in assistance with evaluating trustworthy websites (74.9%) and understanding online information (78.6%), preferring support from healthcare professionals (74.3%) and government bodies (73.3%). Face-to-face communication (55.9%) and digital formats such as websites (45.4%) and videos (41.1%) were the most favored modes of receiving assistance. These results show that, despite the frequent reliance of parents on online medical advice, healthcare professionals remain the primary authorities regarding health-related decisions; consequently, there is a substantial demand for well-structured, reliable medical guidance to facilitate the safe use of online health information. **(Table 5)**

Table 5. Parental Use of Online Medical Advice, Associated Outcomes, and Preferences for Health Information Support

		N	%
When your child gets sick, Follow internet advice instead of doctor (N=514)	Never	95	18.5%
	Rarely	109	21.2%
	Sometimes	191	37.2%
	Mostly	58	11.3%
	Always	61	11.9%
Reasons for following online advice (N=514)	Trusted info	146	28.4%
	Previous success	212	41.2%
	Similar experience	187	36.4%
	The wait to see the doctor was long.	82	16.0%
	Healthcare providers were unavailable.	60	11.7%
	You thought your child's illness wasn't serious	110	21.4%
	Going to the doctor was expensive.	57	11.1%
	You didn't trust your child's doctor's competence	21	4.1%
	Not applicable – always go to doctor	116	22.6%
Negative effects from online advice (N=514)	No	467	90.9%
	Yes	47	9.1%
Contradiction with doctor advice (N=514)	No	339	66.0%
	Yes	175	34.0%
If Contradiction Occurred, Did You Tell Doctor (N=175)	Never	20	11.4%
	Rarely	11	6.3%
	Sometimes	37	21.1%
	Mostly	39	22.3%
	Always	68	38.9%
Action When Online Info Contradicts Doctor (N=514)	Consult your child's doctor before making a decision.	104	20.2%

	Follow the doctor's advice	292	56.8%
	Follow the information found online	19	3.7%
	Never encountered contradiction	54	10.5%
	Sometimes follow doctor, sometimes online info	45	8.8%
Help evaluate trustworthy websites (N=514)	No	129	25.1%
	Yes	385	74.9%
Help understanding health info online (N=514)	No	110	21.4%
	Yes	404	78.6%
Preferred Source for Assistance (N=513)	Healthcare professionals	381	74.3%
	The government (such as the Ministry of Health)	376	73.3%
	A friend (provided they are not a health professional)	59	11.5%
	Hospital Director	110	21.4%
Preferred Mode of Receiving Assistance (N=514)	Face-to-face	287	55.9%
	Information on a website	233	45.4%
	Interactive online course	117	22.8%
	Brochures	71	13.8%
	Videos	211	41.1%
	Educational workshop	115	22.4%
	Telephone hotline/phone assistance	145	28.3%

Doctor Trust Score, Online Trust Score, and Their Correlation

Parents had a high level of trust in their child's doctor, with a mean Doctor Trust Score of 4.40 ± 0.68 and a median of 4.50 (IQR: 4.00 -5.00), while trust in online health information was moderate, with a mean Online Trust Score of 3.52 ± 0.48 and a median of 3.60 (IQR: 3.27-3.93). The Spearman correlation analysis showed a strong positive correlation between the two measures of trust ($\rho = 0.230$, $p < 0.001$), indicating that greater trust in doctors is associated with greater trust in online health sources. These results show that trust in physicians is the key factor; furthermore, it may exert a positive influence on parental confidence regarding online health information. **(Table 6)**

Table 6. Doctor Trust Score, Online Trust Score, and Their Correlation

	Mean ± SD	Median (IQR)
Doctor Trust Score	4.40 ± 0.68	4.50 (4.00-5.00)
Online Trust Score	3.52 ± 0.48	3.60 (3.27-3.93)

Correlations	Correlations	Correlations	Correlations
			Online Trust Score
Spearman's rho	Doctor Trust Score	Correlation Coefficient	0.230**
		P value	<0.001*
		N	514
**. Correlation is significant at the 0.01 level (2-tailed). *p<0.05, Significant	**. Correlation is significant at the 0.01 level (2-tailed). *p<0.05, Significant	**. Correlation is significant at the 0.01 level (2-tailed). *p<0.05, Significant	**. Correlation is significant at the 0.01 level (2-tailed). *p<0.05, Significant

Doctor Trust Score Across Demographics, Behaviors, and Online Health Practices

Doctor Trust Scores analysis showed statistically significant variations in education, family income, online search frequency, reliance on online advice, and willingness to help evaluate reliable websites. Parents who had a primary/intermediate education showed the highest trust in doctors (Mean ± SD: 4.63 ± 0.57, p = 0.057), while those with a PhD had the lowest (Mean: 3.50). Trust was also dependent on family income, peaking among parents earning > 40,000 SAR (4.65± 0.52, p = 0.000). Parents who frequently search the Internet scored higher in trust (4.56 ± 0.69, p < 0.001) than those who do so sometimes (4.30 ± 0.65). Parents who never visited a doctor and regularly used internet advice were reported to have the highest trust (4.73 ± 0.58, p < 0.001). Lastly, trust was higher among parents who were willing to help assess reliable websites (4.47 ± 0.63, p = 0.001). Other variables, such as language preference, age, region, adverse effects of online advice, conflict with doctor advice, and desire to learn about health online, were statistically insignificant. These results imply that education, income, online health-seeking behavior, and involvement in assessing online information affect parental trust in doctors, demonstrating the interaction between socio-demographics and health information behaviors. **(table 7) (Figure 1)**

Online Health Information Trust Score Across Demographics, Behaviors, and Health Practices

Comparison of Online Trust Scores revealed statistically significant differences between language preference, tendencies to search online when a child is ill, relying on the internet rather than the doctor, and being negatively affected by online advice. Parents preferring English expressed greater confidence

in online health information (Mean ± SD: 3.82 ± 0.58) than Arabic speakers (3.51 ± 0.48; p = 0.017). The frequency of online searches also increased trust, from rarely (3.21 ± 0.51) to always (3.62 ± 0.49; p < 0.001). Parents who frequently relied on internet advice had higher trust (3.79 ± 0.35) than those who never did (3.34 ± 0.47, p < 0.001). Experiencing negative effects of online advice was also associated with higher trust (3.71 ± 0.45) than the absence of negative effects (3.50 ± 0.48; p < 0.001). No significant differences were found for age, region, education, income, platform type, contradictions with doctor advice, or readiness to evaluate online health information. These findings indicate that language, online health-seeking behavior, and reliance on internet advice significantly affect parental trust in online health information, emphasizing the need for resources tailored to user behaviors and preferences. **(table 8) (Figure 2)**

Discussion

This systematic review assessed parents' reliance on social media and artificial intelligence when seeking medical advice for their children.

Our research results show that parents rely more on doctors than on online advice for their children; they use it as a supplementary resource, with a selective approach.

Moreover, their decisions are frequently influenced by prior positive experiences, perceived relevance, and practical barriers to accessing healthcare. Despite this, physicians remain the primary and trusted source of medical guidance, especially when conflicting information arises.

Accordingly, there is a high level of trust in physicians and a moderate level of trust in online health information, with a positive relationship between the two. This suggests that trust in healthcare professionals may enhance, rather than diminish, confidence in credible online sources.

In addition, our data show that sociodemographic factors, including education level and income, could affect how parents perceive and use both medical professionals and digital health information.

These outcomes are consistent with previous international research regarding the high frequency of online searches [9]. However, a considerable divergence in platform selection: while previous investigations conducted in Riyadh [10] and Australia [9] identified social media as a principal resource for parents, our present findings show a substantial change towards 'fact-based' and 'automated' technologies. Additionally, parents in the Western Region use new digital tools to augment, not replace, expert medical advice, with a high trust in physicians at 91.2%, showing more sophisticated digital behaviour than previous findings. [9,10].

Other studies have found that using internet platforms regularly makes people see health information as more trustworthy (Song et al. [1]. Yudianto et al. [3] found that parents who often look up health information online get more confident in those sources over time. Frey et al. [4,5] also found that using online sources before and after seeing a doctor facilitates trust-building because people become

accustomed to them. While other studies found that bad experiences or mixed information might lower trust in online sources. In contrast, our study suggests that trust can still stay strong even after negative outcomes. This might be because online information is easy to find, fast, and convenient, which makes people keep using it even when the results aren't always good.

These data are important for healthcare providers since trust in online health information is built via use rather than accuracy. It is important to direct parents to credible, scientifically validated sources. Improving digital health knowledge and including credible web resources into healthcare discussions can lead to safer, more informed decisions.

Limitation

Our study shows sensitive information; certain limitations need to be considered. It was conducted only in the western region, which may limit generalizability and introduce selection bias. The data were based on self-reported responses, which may introduce selection bias.

However, the questionnaire was anonymous, which may have helped encourage more honest responses from the parents.

Conclusion

Lastly, this study stresses the important role of AI in the health information-seeking behaviour of children in western Saudi Arabia. The results show that parents would rather use AI or a search engine to find health advice before visiting the doctor than go without any information. Moreover, the data indicates that parents used the search engine more than they relied on random social media advice.

On the other hand, parents still trust their physician and would follow their child's physician's advice over the AI information. The results indicate that AI and other online sources are supplementary rather than a trusted source for treating your child. Although parents use different search engines, some are unverified or inaccurate sources of health information, leading to confusion in certain decisions. Healthcare providers should provide reliable, evidence-based information on search engines and facilitate parents' ability to visualize their child's health issues.

Results

A total of 531 parents participated. Most searched online when their child was unwell; 32.0% searched regularly and 28.4% occasionally. Search engines (35.6%) and AI tools (30.9%) were the most common sources, compared with social media (6.6%). Most parents (91.2%) trusted their child's physician, although 34.0% reported discrepancies between online information and medical advice. When discrepancies occurred, 56.8% preferred medical advice and 3.7% relied on online information. Mean Doctor Trust and Online Trust Scores were 4.40 ± 0.68 and 3.52 ± 0.48, respectively, and were positively

correlated (ρ = 0.230, p < 0.001). Overall, digital sources complemented rather than replaced professional medical advice.

References(Vancouver style) :

1. Song H, Omori K, Kim J, Tenzek KE, Hawkins JM, Lin WY, et al. Trusting Social Media as a Source of Health Information: Online Surveys Comparing the United States, Korea, and Hong Kong. Journal of Medical Internet Research. 2016 Mar 14;18(3):e25.
2. 1.Baumann I, Jaks R, Robin D, Juvalta S, Dratva J. Parents' health information seeking behavior – does the child's health status play a role? BMC Family Practice. 2020 Dec;21(1).
3. 1.Benedicta Yudianto, Caldwell PHY, Nanan R, Barnes EH, Scott KM. Patterns of parental online health information-seeking behavior. 2023 Apr 13;59(5):743–52.
4. Frey E, Bonfiglioli C, Frawley J. Parents' use of social media as a health information source for their children: a scoping review. Acad Pediatr. 2022;22(4):526–39.
5. Frey E, Bonfiglioli C, Frawley J. Parents' use of social media for health information before and after a consultation with health care professionals: Australian cross-sectional study. JMIR Pediatr Parent. 2023;6:e48012.
6. Qiu X, Wu Q, Cao H. Parental phubbing and child social-emotional adjustment: a meta-analysis. Psychol Res Behav Manag. 2024;17:401–12.
7. Liu Y, Wang M, Yang J. Parents' phubbing increases adolescents' mobile phone addiction: a mediated moderation model. Child Youth Serv Rev. 2020;118:105358.
8. Lupton D, Pedersen S. An Australian survey of women's use of social media for pregnancy-related information. Women's Birth. 2016;29(4):368–75.
9. Frey E, Bonfiglioli C, Frawley J. Parents' use of social media as a health information source for their children: A scoping review. J Paediatr Child Health. 2023;59(2):228–235. doi:10.1111/jpc. 16387.
10. Al-Regaiey KA, Alshamry WS, Alqarni RA, Albarrak MK, Alghoraiby RM, Alkadi DY, et al. Influence of social media on parents' attitudes towards vaccine administration. Hum Vaccin Immunother. 2022;18(1):1872340. doi: 10.1080/21645515.2021.1872340.

Declarations

Ethics approval	The study was approved by the ethics committee of King Abdulaziz University (Reference No. 176-22).
Informed consent	Electronic informed consent was obtained from all participants before completion of the questionnaire.
Consent for publication	Not applicable. No identifiable participant information is included in this manuscript.
Funding	The authors received no specific funding for this work.
Conflicts of interest	The authors declare no competing interests.
Acknowledgments	The author would like to thank all parents and caregiver who participated in this study for their valuable time and contribution.
Previous presentation / award	None.
Data availability	The data supporting the findings of this study are available from the corresponding author upon reasonable request.
Author contributions (CRediT)	Walaa Abdularouf Garout: Supervision. Rahf Abdullah Alharbi: Writing - original draft. Doaa Abdallah Bahamdein: Writing - original draft; Mashaer Mustafa Fatani, Aroob Adham Jaad, and Shaden Dhaifallah Alsulami: Writing - review and editing. All authors contributed to the study and approved the final manuscript.

Human Ethics and Consent to Participate

This study was conducted in accordance with the Declaration of Helsinki and approved by the Research Ethics Committee of King Abdulaziz University Hospital, Jeddah, Saudi Arabia (**Reference No. 476-25**). Electronic informed consent was obtained from all participants prior to participation.

References

1. Song H, Omori K, Kim J, Tenzek KE, Hawkins JM, Lin WY, et al. Trusting Social Media as a Source of Health Information: Online Surveys Comparing the United States, Korea, and Hong Kong. Journal of Medical Internet Research. 2016 Mar 14;18(3):e25.
2. Baumann I, Jaks R, Robin D, Juvalta S, Dratva J. Parents' health information seeking behavior – does the child's health status play a role? BMC Family Practice. 2020 Dec;21(1).
3. Benedicta Yudianto, Caldwell PHY, Nanan R, Barnes EH, Scott KM. Patterns of parental online health information-seeking behavior. 2023 Apr 13;59(5):743–52.
4. Frey E, Bonfiglioli C, Frawley J. Parents' use of social media as a health information source for their children: a scoping review. Acad Pediatr. 2022;22(4):526–39.
5. Frey E, Bonfiglioli C, Frawley J. Parents' use of social media for health information before and after a consultation with health care professionals: Australian cross-sectional study. JMIR Pediatr Parent.

2023;6:e48012.

6. Qiu X, Wu Q, Cao H. Parental phubbing and child social-emotional adjustment: a meta-analysis. Psychol Res Behav Manag. 2024;17:401–12.
7. Liu Y, Wang M, Yang J. Parents' phubbing increases adolescents' mobile phone addiction: a mediated moderation model. Child Youth Serv Rev. 2020;118:105358.
8. Lupton D, Pedersen S. An Australian survey of women's use of social media for pregnancy-related information. Women's Birth. 2016;29(4):368–75.
9. Frey E, Bonfiglioli C, Frawley J. Parents' use of social media as a health information source for their children: A scoping review. J Paediatr Child Health. 2023;59(2):228-235. doi:10.1111/jpc. 16387.
10. Al-Regaiey KA, Alshamry WS, Alqarni RA, Albarrak MK, Alghoraiby RM, Alkadi DY, et al. Influence of social media on parents' attitudes towards vaccine administration. Hum Vaccin Immunother. 2022;18(1):1872340. doi: 10.1080/21645515.2021.1872340.

Figures

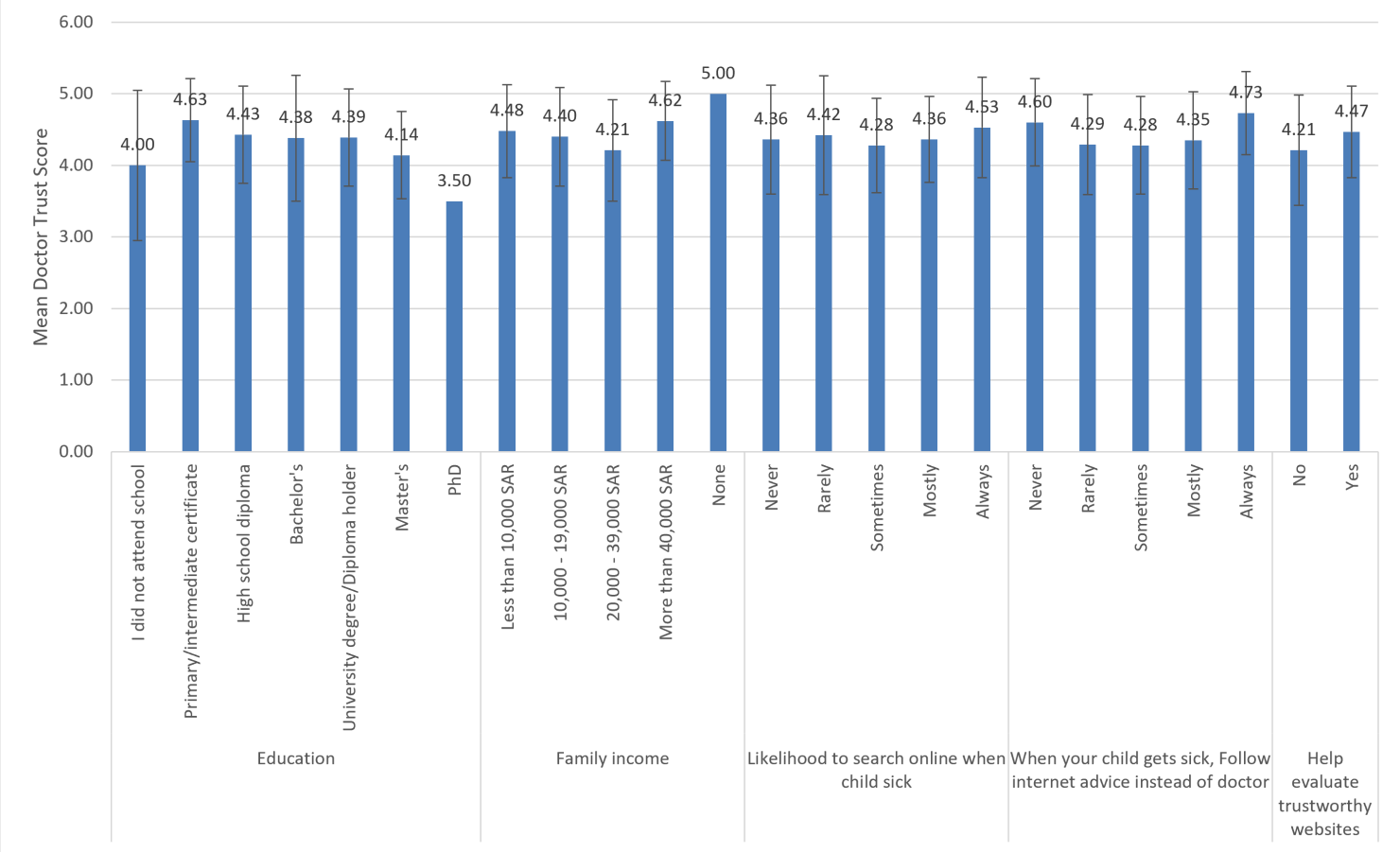


Figure 1

Doctor Trust Scores by Education, Family Income, Online Health-Seeking Behavior, and Engagement with Trustworthy Websites7

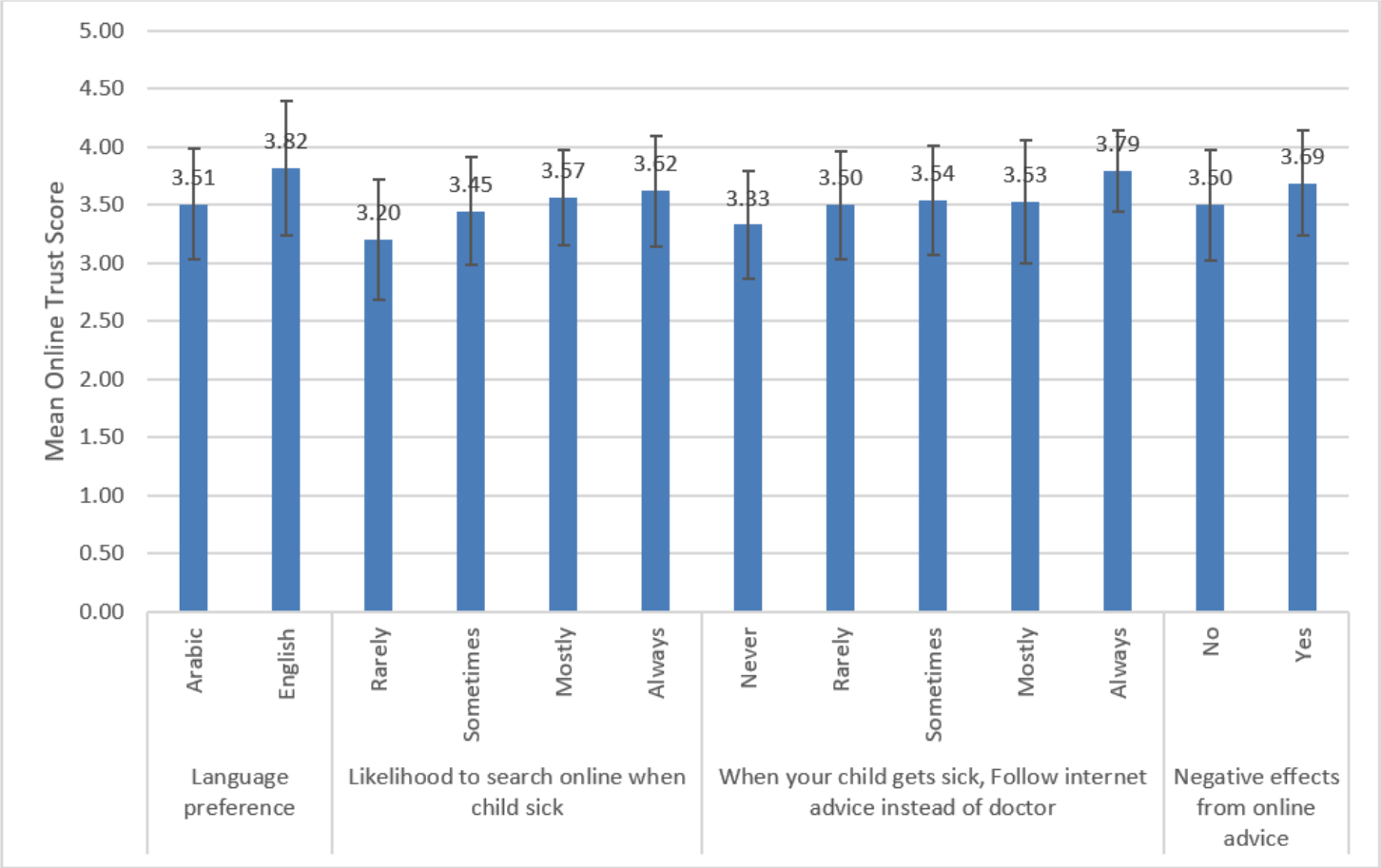


Figure 2

Online Health Information Trust Scores by Language, Online Health-Seeking Behavior, Reliance on Internet Advice, and Negative Effects from Online Information

Supplementary Files

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- supplementrayfile.docx