

Addressing Social Media Hype and Misinformation: Topic of the Month

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Social media is a powerful force that has far reaching implications. Modern day media has changed the way that we communicate, connect with others, and share and obtain information. Understanding the impact of all types of media is an important part of providing education that addresses WIC participants' individualized needs.

Fact vs fiction

The internet and social media provide instant access to more content than we could easily consume in our lifetimes. Posts on any social media platform can go “viral” so quickly that there is little time to determine if the information is true or false. Information that goes “viral” may not be evidenced-based yet can quickly be accepted as true and accurate to the consumer. People will often share information without fact checking, and then their followers go on to do the same. Unfortunately, there are many posts written specifically to make people believe misinformation just to advance a group’s agenda or to make a profit.

Research shows that **hype and fear are much more likely to go viral than facts**, and once something is widespread, facts are often simply ignored. Once someone engages in a topic on social media, algorithms will preferentially show similar or related posts in their feed. These may be “boosted” posts; in other words, advertisements disguised as articles that target viewers based on certain behaviors and often reinforces the message being sent. Seeing similar posts over and over can contribute to convincing people that what have read is true. People are also influenced by “confirmation bias” which is the tendency to believe information that reinforces what you already want to believe, or think is true.

Critical thinking

Media or information literacy involves one’s ability to access, analyze, evaluate, and rationally understand what one is reading or viewing. This type of critical thinking is a valuable life skill and will help us to “fact check” the information we are presented in all formats.

People need to act as “information consumers,” using critical thinking to discern what is real and what is fake. This is the responsibility of the reader/viewer, yet many may find this challenging. The three questions below may help to discern if the information presented can be verified.

Three questions for fact checking information:

- Who is reporting the “facts?”
- Is there evidence to support their claims?
- Can the source and the information be verified?

Interpreting misinformation in social media may be hard when there are friends or family members that support and encourage us to follow a one-sided view. We can use critical thinking skills to decipher information and prepare us to share an evidence-based look at a real-life scenario that may calm participants fears. This will allow us to provide education that encourages a healthy response to the information shared.

For a crash course on fact checking watch: [The Facts about Fact Checking: Crash Course Navigating Digital Information #2](#) (Navigating Digital Information, 2019).

Supporting participants

How do you address misinformation shared over social media with WIC participants? What do you say to the person who is convinced that something is true, and that WIC doesn't have the most current information? How about the participant who has read something that evoked fear?

Addressing a participant's concerns about misinformation they have read or heard about can be challenging. To start, take a deep breath before engaging the participant in a conversation about the subject. Then, when you're ready, approach the situation using the participant-centered counseling skills ([PCS Counseling Skills](#)) shared below.

- **Show empathy.** Remember that this person is likely convinced that there is truth in what they have read or been told by others. It may also have evoked fear in them.
- **Probe for more information.** *“Tell me more”* is a great phrase to help find out what information the participant is basing their concern or belief upon. This is especially helpful if it is something that you have not heard of yet.
- **Use reflective listening.** Clarify what the participant is asking about and what they “know”. Using complex reflective listening techniques, you can shift the conversation towards an underlying reason for the concern. For example, if someone is fearful of prenatal vitamins because they contain chemicals, you might reflect back to them *“You want a healthy baby and you want to be cautious about everything that you put into your mouth.”*
- **Ask permission.** Always ask permission before sharing what is known and backed by science. Stick with the facts. If you don't know much about a particular subject (a specific diet, for example) explore the topic together. Try to put risks into understandable terms. If necessary, ask to have some time to learn more about a topic yourself, and set up a time to talk with the participant about it later.
- **Focus on the positives.** For example, if a participant is convinced that food additives are causing their child to be hyperactive, you might reflect back *“You want to feed your child*

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healthy foods, because a healthy diet will help your child feel better. You want to focus on fresh, unprocessed foods without additives.” This statement focuses on the positive and helps the parent define a positive goal.

- **Check in along the way.** Make sure your reflections are accurate, and the information that you shared was understood. Building on the participant’s trust helps to reinforce the positive aspects of the conversation and keep it going in a productive way.
- **Summarize the conversation.** Summarizing your discussion, offers an opportunity to clarify any information that may not have been understood.

Putting it into practice

In 2017, the *National WIC Association (NWA)* shared information about an organization that was spreading fears about breastfeeding by highlighting a story of a baby who died from dehydration. While the story, [If I Had Given Him Just One Bottle, He Would Still Be Alive](#), was real, it was being used to evoke fear. The following scenario demonstrates the use of [PCS Counseling Skills](#) to address a participant who doesn’t want to breastfeed because of fears that it will harm the baby.

Scenario: *Amber is 22 years old first-time pregnant participant who is in her 25th week of pregnancy. The pregnancy is going well, and weight gain is on target. This is Amber’s second visit to the WIC office. Amber likes to read everything available about pregnancy and parenting and has a group of friends that are also pregnant, who share things related to pregnancy and parenting through social media.*

CPA: Welcome back Amber. How are you and how is your baby growing?

Amber: I am good and so is the baby. I’ve recently found out I am having a boy!

CPA: Oh, that’s fantastic. You and you partner must be thrilled! It’s Robert, correct?

Amber: Yes, Robert and I are really excited.

CPA: I’ll bet you are! So, we talked a little bit about your decision to breastfeed at your first WIC visit, and I just wanted to check in with you to see if you had any additional questions. I also thought maybe we could spend a little bit of time talking about what to expect from your baby and breastfeeding in the first few weeks after delivery.

Amber: Well, I’ve changed my mind. I don’t think I want to breastfeed anymore. One of my friends sent me a link to this website that talked about how I could harm my baby and he could even die if I didn’t have enough breastmilk to feed him. That’s just too scary for me. I’d rather formula feed him because then I can know how much he’s actually drinking.

CPA: I bet that was scary reading about a baby dying because they didn’t have enough to eat. Tell me a little bit more about what you read and what occurred.

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Amber: It was a story about this mom whose baby died. Everyone kept telling her that her baby was ok, that her milk would come in, and to not worry about her baby losing weight. When the mom finally took the baby to the hospital, the baby was so dehydrated that all his organs had shut down and the baby died. What if I don't have enough breastmilk? This might happen to my baby.

CPA: I understand you are scared and concerned. And it is different when you breastfeed, you can't instantly see how much milk your baby consumes. But there are many different ways that we are able to be sure that a baby is getting the breastmilk that they need.

Amber: Well, I've read all about the good things about breastfeeding, the immunities, the bonding, the protection from being overweight when they get older. I wanted to breastfeed but now I'm just scared that I might mess it up.

CPA: You know about all the good stuff about breastfeeding, and you'd like that for your baby, but you are fearful you won't have enough milk. Let me tell you something, you are not alone! Many new moms share those same thoughts. Would it be ok if I share some of the ways that you can tell if your baby is getting enough breastmilk?

Amber: I guess so. If I could know for sure, I suppose I would feel better about it.

CPA: Let's start with your body. Have you noticed any changes in your breasts since you've been pregnant?

Amber: Oh definitely! I went from a size C to a DD bra! I've never had such big boobs in my life!

CPA: Yeah, that is normal and a good sign because it's a means that your breasts are already preparing to make breastmilk. But let's talk more about how to know if your baby is getting enough.

Once your baby is born there are many things that tells us whether they are getting enough to eat. First, the nurses in the hospital will **monitor your baby's weight**. It is normal for a baby to lose weight in the first few days, especially if you have an IV during delivery, because you and your baby will have extra fluids. But no worries, they won't let the baby lose too much weight without investigating things further.

Next, they will **keep track of how many wet and poopy diapers** your baby has. You will want to do this at home too. In fact, there are diaper charts that make this easier, or apps you can download and use too. Having wet and poopy diapers means your baby is getting breastmilk.

Finally, we will **watch your baby's behavior**. If your baby nurses at the breast, and becomes content and falls asleep, this is an indication that he got his tummy full. We can also **listen to his swallowing pattern**. Once your milk volume has increased, your baby will have a suck, suck, suck, swallow pattern. If he's sucking for a long time, without a swallow, then you would want to call your doctor, nurse, or lactation consultant.

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Another cool thing that can be done with a really accurate scale is to weigh your baby, then have you breastfeed, and then weigh him again. This may provide insight on how much he drank at a feeding. If you are concerned, or just want to be confident that your baby is getting milk, you can talk to your healthcare provider, WIC staff member, or a lactation consultant for support.

Amber: Oh, wow! I guess there really are a lot of ways to know if my baby is getting enough breastmilk. It still seems scary but let me do some more reading and thinking about breastfeeding. I think I need to learn more and convince myself that I can do this, and that I won't mess it up.

CPA: That sounds like a plan. Keep in mind you're not alone; you will have the support of your doctor, nurses at the hospital, lactation specialists, and WIC. Also, I know that at your last WIC appointment, Robert seemed excited about the baby and about you wanting to breastfeed. Maybe he can come to your next visit, and we can all discuss together the ways that let you know breastfeeding is going well. He can be there to support you and be there to observe your baby's behavior especially in those first few weeks when you are so tired. Would you like to schedule an appointment to come back next month so we make sure we have set aside enough time to answer questions that you and Robert might have?

Amber: Yes, that sounds good. And it would be helpful to have Robert know this stuff too. I want to make sure we know everything we need to know before this baby gets here.

TIP: Sharing [WIC Baby Behaviors](#) with participants early and often will help to support their understanding of their infant's feeding, sleeping, and crying cues.

Questions to consider:

- What else might you have discussed with this participant to ease her concerns? Discuss additional ideas or approaches with your coworkers.
- Think of an article that you have recently seen on social media that was not evidence-based or a post that evoked widespread fear. How would you address a question about this topic with a participant?

If you have question or concerns about a topic that is raised by one or multiple participants surrounding a social media or news post, reach out to your state consultant for support.

Resources used:

[Understanding Social Media Literacy: A Systematic Review of the Concept and Its Competences](#) (*International Journal of Environmental Research and Public Health*, 2022)

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[The Use of Critical Thinking to Identify Fake News: A Systematic Literature Review](#) (*Responsible Design, Implementation and Use of Information and Communication Technology*, 2020)

[A value-driven approach to addressing misinformation in social media](#) (*Humanities and Social Science Communications*, 2021)

References - complete listing of hyperlinks:

[The Facts about Fact Checking: Crash Course Navigating Digital Information #2](#)
(www.youtube.com/watch?v=EZsaA0w_0z0&t=774s)

[PCS Counseling Skills](#)

(www.health.state.mn.us/people/wic/localagency/training/pcs/skills/counseling.html)

[If I Had Given Him Just One Bottle, He Would Still Be Alive](#) (fedisbest.org/2017/02/given-just-one-bottle-still-alive/)

[Understanding Social Media Literacy: A Systematic Review of the Concept and Its Competences](#)
(www.ncbi.nlm.nih.gov/pmc/articles/PMC9325204/)

[The Use of Critical Thinking to Identify Fake News: A Systematic Literature Review](#)
(www.ncbi.nlm.nih.gov/pmc/articles/PMC7134234/)

[A value-driven approach to addressing misinformation in social media](#)
(www.nature.com/articles/s41599-020-00702-9)

Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; to obtain this information in a different format, call: 1-800-657-3942.

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