

## Chapter 62

# How is social media changing andrology?

**Heather E. Fice**

If you open the popular video social media app, TikTok, #Andrology has millions of views. Some of these videos are from physicians, speaking about men's health issues in an educational manner, some of these videos have been graduate students speaking about their research, and some of these videos offer reproduction facts that are completely unfounded in health research. This presents us with a novel challenge in providing andrology care: the influence of social media.

In 2022, it is typical of individuals with a health concern to do a quick online search for their symptoms prior to consulting a physician. This can mean that patients are well informed upon consultation, or that their healthcare journey begins and ends with an online search. As men have a baseline reluctance to access healthcare, they would often rather turn to various online sources including online resources, social media or the 'participatory web'. Online resources include websites that offer health information in an accessible format, such as WebMD, governmental websites, and other health oriented organizations. This information is most frequently accessed by individuals over the age of 55. This information is posted with intent, and curated by practitioners and health experts. However, the participatory web is a collection of websites on which users are able to share their health experiences with little to no moderation from licensed healthcare providers. Reddit, TikTok, Twitter, Instagram, Facebook, and other small online forums are websites or apps that make up the abundance of easily accessible information and personal testimonies. People are able to make their own posts, comment, share other posts, and otherwise engage with content of interest. You can follow pages that suit you, and join communities that fit your needs or desires. Social media websites and apps are most commonly accessed by individuals under 40 years of age.

Within the field of andrology, the web plays an especially prevalent role as many health concerns are stigmatized or taboo,

How is social media changing andrology?

such as: erectile dysfunction, sexually transmitted infections, human immunodeficiency virus (HIV), infertility, low testosterone or Peyronie's disease (and more). Men are ashamed or face barriers in discussing these issues with their healthcare providers or advocating for their care. These sociocultural barriers are made worse by the overall access to care, including physical proximity and insurance coverage, or cultural acceptance of specific disorders.

Though using the internet for health concerns may sound alarming, there are both pro's and con's to having easily accessible banks of information about health issues on social media sites, popular mobile technologies, and other participatory websites.

### **What are the benefits?**

Having factual information about men's health on social media has many potential benefits. Primarily, it will have major benefits regarding patient and public education. Individuals are now able to read, often in laymen's terms about men's health and andrology. The stigma associated with disorders can be dispelled through online campaigns and educational content accounts. There have been great efforts made on Instagram in reducing stigma of herpes simplex virus carriers, for example. Patients on the participatory web have access to in depth explanations of potential disorders, symptoms, treatments and diseases.

Individuals at risk of certain disorders may benefit from outreach programs through social media, with awareness being brought to issues through trending hashtags or accounts. For sexually transmitted infection centric education, social media efforts have been game-changing. The Get Yourself Tested campaign was aimed at all sexually transmitted infections, and gained large support on social media. The attention led to increased testing in nearby centres. There have also been campaigns used specifically to promote HIV testing of men who are statistically more at risk of contracting HIV, including men who have sex with men, and black men. Patients can be made aware, become more informed, and access care armed with as much knowledge as possible. There is an element of empowerment in knowing which questions to ask physicians, and understanding potentially complex medical jargons.

In addition to finding information people are able to find and form communities with one another to build solidarity in certain diagnoses or symptoms. This opens global avenues for peer support that can remain virtual, and anonymous if desired. In the case of

How is social media changing andrology?

fertility status or infertility diagnosis, peer-support is invaluable for men experiencing infertility. Men reportedly face distress due to diagnosis as they feel somehow 'less', and they feel unable to share their emotions with their partner as they must also provide support. The value in peer-support is due to the unique psychological challenges that men face, and the fact that many men do not seek mental health care as a result of diagnosis. In a peer-support context, men are able to validate and normalize their experiences with fertility status. The desire for online, anonymous support has been reportedly high for men, with greater desire from men who are persons of colour or lower income.

### **What are the risks?**

The major drawbacks associated with social media coming into the field of andrology are the quality of information, and the lack of generalizability in healthcare. It can be challenging to provide information that covers all potential cases, in all potential populations. Clinicians know that medical care is not often a one size fits all field, and what works for one person may be entirely different from what is needed by another. When patients hop online to find answers to their questions, search their symptoms, and examine treatment options, they may be faced with stories from other patients who have different needs. Though that community provides valuable support, there exists a line where the information shared is no longer helpful. Personal testimony holds the potential to unfortunately bias perceptions when accessing information, as often people who share their own journeys have had overwhelmingly positive or negative experiences. With larger social media sources, such as TikTok, Facebook, Instagram or Twitter, there is a large bias towards successful medical interventions. On this note, men who have undergone fertility care are often quick to share stories of success upon the conception of a child. These participatory websites are often not monitored by healthcare practitioners or researchers. Moderators are particularly valuable in cases where individuals may over generalize their disorders or diseases. Moderation is also useful, as dangers obviously arise when that information shared online is invalid. This presents an issue when individuals are not critical of what they read, or they are not addressing their concerns directly with a practitioner. Fake health news spreads very quickly on websites like Facebook, which may also cause alarm in populations who need not be concerned. It spread like wildfire on

social media in 2020 that the vaccines against SARS-CoV-2 would make men infertile, though not founded in scientific or clinical research. Zailia et al., (2020) reported that as much as 44% of the information on infertility was not grounded in research and was misleading and inaccurate. Scarily, there was no difference in the engagement based on the quality of the information.

A final caution is when social media information is being used in place of health care. When individuals are empowered to take their care into their own hands, this can lead to dire consequences. A study was done on the reasoning behind self-medication with testosterone, or image and performance enhancing substances, in men on social media forums. The men being studied reported that they were able to self-diagnose with low testosterone, and subsequently able to dose themselves with anabolic steroids based on dosing regimens that had worked for others. One man went so far as to call it 'broscience'. This highlights many of the dangers associated with social media in andrology, as we cannot begin to unpack the potential concerns with regard to self-treating with black-market testosterone.

## **Conclusion**

The power of social media in andrology is immense, with both great and awful sides to this coin. As clinicians, researchers, and those best educated in andrology, it may become our duty to be proactive as moderators in this space. We may be tasked with bringing facts to social media, dispelling myths, and doing online education using these platforms to prevent the dangers that may arise and use the reach of social media to our advantage.

## **Suggested reading**

- Balasubramanian A, Yu J, Srivatsav A, Spitz A, Eisenberg ML, Thirumavalavan N, McBride JA, Lipshultz LI, Pastuszak AW. A review of the evolving landscape between the consumer Internet and men's health. *Transl Androl Urol.* 2020;9(Suppl 2):S123-S34.
- Grunberg PH, Dennis CL, Da Costa D, Zelkowitz P. Infertility patients' need and preferences for online peer support. *Reprod Biomed Soc Online.* 2018;6:80-9.

How is social media changing andrology?

- Jones J, Carter B, Wilkerson R, Kramer C. Attitudes toward HIV testing, awareness of HIV campaigns, and using social networking sites to deliver HIV testing messages in the age of social media: a qualitative study of young black men. *Health Educ Res.* 2019;34(1):15-26.
- Taggart T, Grewe ME, Conserve DF, Gliwa C, Roman Isler M. Social Media and HIV: A Systematic Review of Uses of Social Media in HIV Communication. *J Med Internet Res.* 2015;17(11):e248.
- Underwood M, van de Ven K, Dunn M. Testing the boundaries: Self-medicated testosterone replacement and why it is practised. *Int J Drug Policy.* 2021;95:103087.
- Zaila KE, Osadchiy V, Shahinyan RH, Mills JN, Eleswarapu SV. Social Media Sensationalism in the Male Infertility Space: A Mixed Methodology Analysis. *World J Mens Health.* 2020;38(4):591-8.