Credibility Judgment of Health Information on Facebook: A Case of Thai Facebook Users
การตัดสินความน่าเชื่อถือของข้อมูลสุขภาพบนเฟซบุ๊ก: กรณีศึกษาจากผู้ใช้เฟซบุ๊กชาวไทย

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Abstract

Facebook users worldwide had been facing challenges of information credibility. This study aimed to address this issue among Thai Facebook users by focusing on health information in particular. This study applied heuristic approach as a frame of the study. Data were collected from 50 participants by using in-depth interviews. The results revealed three different processes and five heuristics, namely, reputation heuristic, authority heuristic, expectancy violation heuristic, persuasive intense heuristic, and bandwagon heuristics that participants adopted when making a credibility judgment of health information on Facebook. Implication of the study and a direction of future research were also discussed.

Keywords: *Health Information, Credibility, Heuristics, Facebook*

บทคัดย่อ

ผู้ใช้เฟซบุ๊กทั่วโลกกำลังเผชิญกับปัญหาความน่าเชื่อถือของข้อมูลที่ปรากฏบนเฟซบุ๊ก การวิจัยครั้งนี้มุ่งศึกษากระบวนการตัดสินความน่าเชื่อถือของข้อมูลที่ปรากฏบนเฟซบุ๊กของผู้ใช้เฟซบุ๊กในประเทศไทย โดยเลือกศึกษาข้อมูลสุขภาพเป็นการเฉพาะ ทั้งนี้ ผู้วิจัยอาศัยแนวคิดเชิงรวบรัดเป็นกรอบแนวทางในการศึกษา และใช้วิธีการสัมภาษณ์เชิงลึกในการเก็บข้อมูลจากผู้ใช้งานเฟซบุ๊กชาว

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ไทยจำนวน 50 คน ผลการศึกษาพบว่า ผู้ใช้เฟซบุ๊กในประเทศไทยมีกระบวนการในการตัดสินความน่าเชื่อถือของข้อมูลสุขภาพที่ปรากฏบนเฟซบุ๊กสามลักษณะ และพบว่า มีการอ้างอิงตัวชี้นำแบบรวบรัดห้าลักษณะ อันได้แก่ ตัวชี้นำในกลุ่มความมีชื่อเสียงของผู้ให้ข้อมูล กลุ่มความมีอำนาจในการให้ข้อมูล กลุ่มความขัดแย้งกับความคาดหวังของผู้รับสาร กลุ่มความมุ่งมั่นในการโน้มน้าวใจ และกลุ่มกระแสของผู้อื่น ซึ่งได้นำเสนอในบทความชิ้นนี้ไปพร้อมกับการนำไปใช้และแนวทางในการศึกษาวิจัยในอนาคต

คำสำคัญ: *ข้อมูลสุขภาพ ความน่าเชื่อถือ แนวคิดเชิงรวบรัด เฟซบุ๊ก*

Introduction

As communication technology had been developed, Internet became a popular source of health information (Cline & Haynes, 2001; Miller & Bell, 2012; Pew Research Center's Internet & American life Project, 2011). There were several reasons explaining why individuals turned to Internet when seeking for health information (De Choudhury, Morris, & White, 2014; Eysenbach & Diepgen, 1999). A study by Eysenbach and Diepgen (1999) found that patients turned to Internet for health information because of their frustration from fail medical treatment, their lack of trust in their current healthcare providers, their lack of knowledge in certain health issue, their need of health information for others, being able to be anonymous when asking questions that others would label as 'stupid' question. De Choudhury et al. (2014) also added other reasons such as patients wanted to find more information that they could share with or ask their healthcare providers, medical care, in some cases, was not available, and it was cheaper to seek for medical or health information online comparing to going to see doctors.

Among various channels of communication on Internet such as websites, blogs, newsgroups, it was reasonable to believe that social networking sites such as Facebook had been widely used for health information seeking as well. According to Kietzmann, Hermkens, McCarthy, and Silvestr (2011), Facebook possessed several features or 'functional blocking,' a qualification of social networking sites that accommodated individuals' needs. For example, Facebook provided a platform for individuals to speak out and connect with others who are like-minded or share the same interest. Facebook also allowed individuals to reach out to others. The application could tell if other users were accessible or it could provide a location. Facebook also helped individuals to identify the standing of others in the social media setting. Furthermore, the application provided related information such as mutual friends, personal background, number of followers, likes, and shares. In addition, individuals could form a community and a sub community in which members could share and exchange information concerning their interest.

As Facebook offered plethora of information, including health information, it came with some challenges. One challenge was that there were plenty of fake accounts on the application. Some people chose to use their real identity while others preferred 'nickname' or 'pseudo name.' According to Slate.com (Glaser, 2018), Facebook had a policy asking its users to create an account with their real name since the application debuted in 2004. Still, in May 2012 Facebook reported that five to six percentage

of accounts on the platform were fake. It must be noted that the more fake information individuals encountered, the more difficulty they were facing when trying to differentiate between 'real' and 'fake' accounts or making a credibility judgment.

Another challenge was that, even though individuals received information from the 'real' account, the account owners just told stories or shared any information the way they wanted. According to Newman et al. (2011), some users revealed that they wrote or shared only what they wanted to be seen and omitted their problems or struggles. That was possibly because those people tried to manage their image to impress others. A study confirmed that using Facebook affected people's perception of others (Chou & Edge, 2012).

Under those circumstances, it was not easy for individuals to make a credibility judgment on information from Facebook, especially health information which really mattered to individuals' well-being. As such, it was worth to study how individuals made credibility judgment of information they found on Facebook.

In spite of several approaches and models offered to online information credibility judgment, the current study looked at individuals' credibility judgment of health information on Facebook through 'heuristic' lens. This approach was fit to the current study because of following reasons. Firstly, the approach was proper with Facebook setting which provided both solicited and unsolicited information. Heuristic came from a concept proposed that people put different amount of effort into information processing and assessment based on their motivation and cognitive ability (Metzger, 2007). Less motivated people put less cognitive effort or relied more on 'heuristic' route in information processing while more motivated people scrutinize the information in more depth. Given that concept, it can be assumed that individuals would put their effort differently into credibility judgment since health information they found on this platform would not always match their interest.

Secondly, if individuals at some points took heuristic route in their credibility judgment of health information on Facebook, the current study could be able to identify heuristic cues or mental shortcuts they applied into their judgment. Cues or shortcuts revealed in the current study probably point to some digital literacy issues needed to be addressed.

Based on the heuristic approach, the current study aimed to address two research questions. Firstly, the research explored the extent to which Thai Facebook users applied heuristic approach when assessing credibility of health information found on Facebook. Secondly, the study investigated what cues and heuristics individuals used to assess credibility of health-related content found on Facebook. The results from this research were hoped to shed light on how people nowadays assessed credibility of health information on Facebook platform.

Literature Review

Credibility

In the current study, credibility referred to recipients' judgment to 'believability' of source and message (Burgoon et al., 2000). In terms of source credibility, there were two dimensions individuals perceived of credibility: trustworthiness and expertise (Fogg & Tseng, 1999; Hovland & Weiss, 1951; Self, 2009). Fogg and Tseng (1999) defined trustworthy with terms such as 'well-intentioned, truthful, and unbiased

(p.80). Trustworthy source in the communication affected audiences' change of opinion (Hovland & Weiss, 1951) and influenced credibility of a health-related website (Chinthanorm, 2008). Expertise was defined by terms such as 'knowledgeable, experienced, competent' (Fogg & Tseng, 1999). By competent, it meant a source's ability to observe or investigate accurately (Fogg & Tseng, 1999). Source expertise was found affecting the perception of online health message credibility (Eastin, 2001).

Credible message or information must be believable and convincing (Burgoon et al., 2000). The credibility of the message became more important in the situation where the source was not highly credible (Self, 2009). There were several predictors of perception of message credibility such as message familiarity (Begg, Anas, & Farinacci, 1992), and typographical error (Chinthanorm, 2008; Fogg & Tseng, 1999). Begg and colleagues (1992) found that familiarity could increase message credibility even though the message in question was false or came from the source that was lying. In the meantime, information with typographical error would be considered as non-or less credible message (Fogg & Tseng, 1999). Error free message could affect credibility of health-related websites in a positive way (Chinthanorm, 2008).

Heuristics in decision making and its application in credibility judgment

Kahneman (2012) gave a technical definition to heuristic as "a simple procedure that helps find adequate, though often imperfect, answers to difficult questions." Some scholars thought of heuristics as mental shortcuts (Fiske & Taylor, 2008) or 'a rule-of-thumb' (Statt, 1997). Also, the term 'heuristics' was later defined by Sherman and Corty (1984 p. 193, referred in Bellur & Sundar, 2014) as "general purpose judgmental tools that can be applied in a wide variety of decision-making circumstance." One heuristic cue can trigger more than one group of heuristics (Bellur & Sundar, 2014). Take a logo or brand name of popular product as an example. It can be used to trigger heuristics that related to credibility, popularity, or being successful.

There were attempts to understand how individuals assessed online health information they found (Cline & Haynes, 2001; Dutta-Bergman, 2003; Eysenbach & Köhler, 2002; Liao & Fu, 2014; Prybutok & Ryan, 2015). These results agreed with research conducted in general online information that revealed how individuals assessed health information credibility based on their perception on source or message believability. For example, Prybutok and Ryan (2015) reported that college students assessed health related website as a credible website if the site had a professional design, current and updated information. Dutta-Bergman (2003) pointed that individuals rated personal doctor, medical university, and federal government as a trusted online source of health information. Other than website's design and authority, Eysenbach and Köhler (2002) reported that individuals rated the health information they found credible based on the given site's writing style and scientific reference. Cline and Haynes (2001) found that individuals relied on peer review to evaluate online health information which was supported by a work of Liao and Fu (2014), showing that peer reviews or user reviews had a strong impact towards individuals' credibility judgment of online health information.

Ideally, individuals were expected to make a proper judgment on information that mattered to their lives such as health information. However, relying on cues found on Facebook could possibly lead to different results. Some people would be able to make a proper judgment while others may not be able to do so. Researchers and scholars proposed some heuristic tools individuals applied when making a credibility judgment (Cline & Haynes, 2001; Diviani, van der Putte, Meppelink, & van Weert, 2016; Metzger, Flanagin, & Medders, 2010; Tseng & Fogg, 1999). Some of them can be grouped and applied into Facebook setting as follows.

Reputation heuristic (Cline & Haynes, 2001; Diviani et al., 2016; Metzger et al., 2010; Tseng & Fogg, 1999): Using reputation heuristic means recipients refer to reputation of websites or sources for credibility assessment. Those websites or sources must be ones that they recognize or know. Cues could be the name of a person, organizations, or brand of products and services. For example, people seem to trust information from national media outlets, websites, or Facebook accounts rather than from unknown person. Applying this type of heuristic into Facebook setting, cues could be the name of a Facebook account or a Facebook page, number of followers of the account, or the page, any sign of account owner's affiliation, etc.

Authority heuristic (Cline & Haynes, 2001; Diviani et al., 2016): When an expert or an official authority is identified as the source of the information, users would likely rate the story as of high credibility. Facebook health information posted or shared by a source identified as an authority person would be rated as a credible content. A work by Kim and Syn (2016) which studied college students' perception of credibility of health information on Facebook confirmed that, regardless of health topic sensitivity, sources such as medical or health professionals, medical or health organizations and government agencies were more credible than media agencies, family, or friends. Taken into Facebook setting, cues could be a name of a Facebook account or a Facebook page, a profile picture of the account, a blue checked sign given by Facebook, content consistency posted by the account owner, etc.

Bandwagon / Endorsement heuristic (Diviani et al., 2016; Metzger et al., 2010; Tseng & Fogg, 1999): Bandwagon or endorsement heuristic will be used when people believe that the information is credible based on other people's opinion. Users trust links that was shared by certain media outlets because they trust those media outlets. The information would be also found credible if they were recommended by known others/ significant others. One would rate one piece of information at the high level of credibility if it was shared by his/her professors, family members, and friends. On the contrary, bandwagon/ endorsement heuristic would be applied to recommendation made by an unknown person as well. Those cues are reviews and rating attached to items in questions. For example, other than price, backpackers booked an accommodation for their trip based on reviews or rating shown on the website. This could clearly be applied to the Facebook context. By looking at the number of likes and shares on Facebook or retweets on Twitter, one could believe that information is true or credible. Taken this type of heuristic into consideration when encountering information on Facebook, Facebook users could possibly

find cues such as number of likes, loves, laughs, comments, shares, the information generated by Facebook mentioning that someone on their 'friends' list had liked or shared that post, etc.

Expectancy violation heuristic (Cline & Haynes, 2001; Diviani et al., 2016; Metzger et al., 2010): Expectancy violation heuristic will be triggered when one found something that fails to meet his/her expectation, or something does not conform to that person's personal belief. Bad grammar and misspelling are also falling into this group. Credible contents are expected to be grammatically flawless and error-free. In the meantime, appearance and functionality were included as cues in this type of heuristic as well. Number of websites had been designed to look alike ones belonged to media outlets, but they provided false information. Some audiences treated those information as if they were credible contents and came from the professional news organization. In Facebook context where every post would appear under the same template, grammar and spelling would undoubtedly be cues users could apply. Taken into Facebook setting, cues under this type of heuristic could be such as grammatical errors, typographic errors, improper language of the post, etc.

Persuasive intense heuristic (Cline & Haynes, 2001; Diviani et al., 2016; Metzger et al., 2010): this heuristic was triggered when users found advertising attached to the information. No matter how big the businesses were, businesses at all sizes had ever used Facebook for their commercial purpose (Derham, Cragg, & Morrish, 2011; Park, Rodger, & Stemmle, 2011). Park and colleagues (2011) found that health organizations used Facebook not only for health promotion, but also for organizational brand image management and marketing. Facebook helped facilitating communication between business owners and their customers. SMEs used Facebook to promote their business, reduce negative feedbacks from customers, and extend positive feedbacks to current and future customers (Derham, Cragg, & Morrish, 2011). As such, it was inevitable that Facebook users could avoid information attached with commercial purpose. Also it is plausible to assume that health information enclosed with tied-in products or services would be rated low in credibility. Health information found on Facebook that attached with commercial content or commercial sponsorship would also lose trust from its audience. Accordingly, in Facebook setting, cues in this type of heuristic could be such as non-bias content, attachment of product or service in the content, etc.

The researcher selected these five types of heuristics that can be found on Facebook to be manipulated in this study. They were categorized into three groups of cues: cues responding to source credibility, cues responding to message credibility, and cues responding to the interactivity.

Table 1 Heuristic cues listed in groups regarding source, message, and interactivity of a Facebook post

	Types of heuristics	Cues on Facebook
Source	Reputation heuristic	Account name, account's affiliation
	Authority heuristic	Account name Information shown in the profile
Message	Expectancy violation heuristic	Proper use of language and grammar
	Persuasive intense heuristic	Noncommercial content attached in the message
Interactivity	Bandwagon / Endorsement heuristic	Number of positive reactions Number of shares

(source: author)

Methodology

A face-to face, semi-structure in-depth interview was applied to get the essence on health information acquisition, and credibility judgment of health information on Facebook from active Thai Facebook users who aged at least 18 years old with at least one year of experience on Facebook. The current study applied the purposive sampling method to recruit participants from different demographic groups. The number of key informants was not assigned at the first place. However, an in-depth interview were proceeded to the 50th interview when existing interviews yielded the same information and no new theme was found.

All participants was informed and asked for a permission for tape-recording beforehand. Each interview lasted from 25 to 40 minutes. All interviews were conducted in Thai. Questions were categorized into three main areas, namely, questions concerning their acquisition and transmission of health information on Facebook, their perception on credibility of health information on Facebook, and their process of credibility judgment of health information on Facebook. To establish validity and reliability of the qualitative measurement in the current study, a list of questions was prepared and tested with several participants to check its clarification, its effectiveness in yielding valid outcomes, and the interview flow. The results from this pilot study not only pointed out unrecognized flaws, but also improved the existing question list into the better version as well.

Fifty interviews were recorded with consent and verbatim transcribed. Raw data were categorized by themes and subthemes responding to the research questions and were analyzed by using content analysis technique.

Research Findings

<u>The extent Facebook users applied heuristics in credibility judgment of health information</u>

According to in-depth interviews with 50 respondents, whose age were various between 18 – 44 years, with educational backgrounds from primary school to graduate school, and

various occupations. Facebook users obviously applied heuristic when making credibility judgment on health information they found on Facebook. The following processes clearly showed the extent to which participants applied heuristic approach into their credibility judgment of health information on Facebook. This issue answered the first research question.

The results found three types of credibility judgment process that Facebook users applied when encountering health information. These three types of process all referred to cues appearing in the Facebook post. The three processes were, however, different in the beginning point as explained in the following.

The first type of process was the process that Facebook users began their judgment process at cues related to the source of the information, in this article called type A process. By looking at an account's name, a profile picture, and the account's background, the participants expected credible sources must be either a health institution, health professionals, or someone with an area of expertise in health or health-related field. In some cases, credible sources may not need to be an expert, but they must clearly showed that they had direct experiences. Participants looked for evidences of experiences from the account's previous posts. If the person was someone participants had known in person, they knew that anything posted by the person had been filtered enough to be trusted. If the sources fell into one of these qualifications, the users would move on to check the content. If not, they would swipe away to the next post on their news feed. Only few users mentioned that they would stay on the post if the health topic was very interesting.

After viewing the source of the information, users consider the credibility of the post by looking at the content itself, followed by interaction of the post.

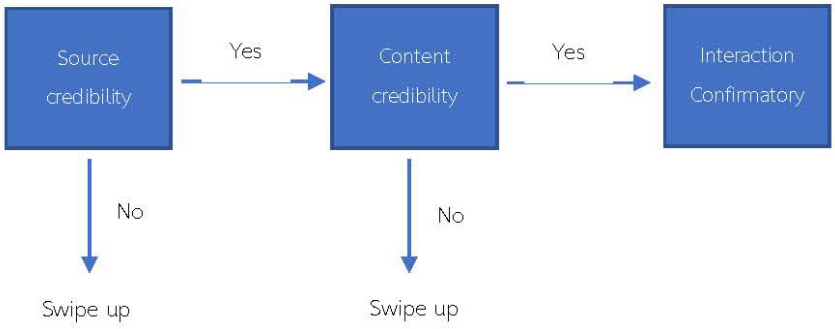

Figure 1 Type A credibility judgment process of health information on Facebook

The second type of credibility judgment process, which was called as type B in this article, was the one that Facebook users started looking at cues related to the contents. Reading the contents helped them to make decision whether or not they should continue reading the post. If the topic of the post matched with their interest, they would continue reading and see if the content was possible. Also, Facebook users expected to see solid rationale, reference of the content, clean language, and non-commercial intention of the post. Some people expected to see pictures or video clips enclosed with the post. Some people even checked the

previous posts to see if the person really cared about this topic. When they found the content was possible, the language use was proper, and no misspelling was spotted, they, then, checked the source of information and the interaction on the post.

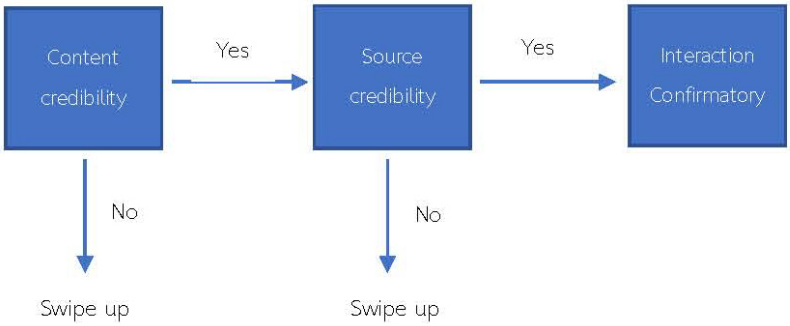

Figure 2 Type B credibility judgment process of health information on Facebook

The third type or type C of credibility judgment process was the one that Facebook users looked at the interaction of the post. In this type of process, Facebook users put the interaction of the post as the first priority. This interaction included number of 'likes,' number of 'shares,' and comments. Few Facebook users reported that these kinds of interaction helped them judge the credibility of the post. The higher the number of likes and share, the more credible the post was rated. At the same time, these people read comments to see if the post received more of agreeing or disagreeing comments. Agreeing comments added more credibility to the post, while disagreeing comments deteriorated the post's credibility. However, it must be noted, to some users, disagreeing comments was perceived as a balanced opinion for the post. Too many positive comments sometimes made some users doubt of their genuinity. After that, some started reading the information itself, while others checked where the information came from.

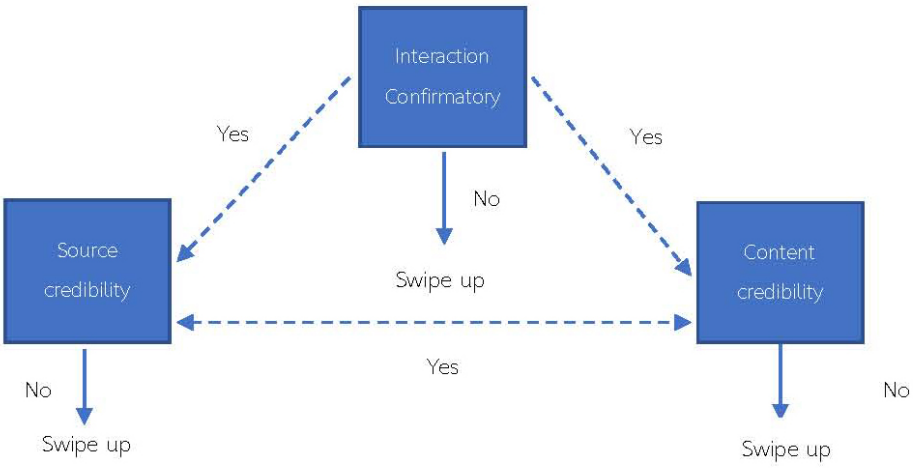

Figure 3 Type C credibility judgment process of health information on Facebook

It must be noted that Facebook users did not apply the same process of credibility judgment to every health information they found on Facebook. It depended on their personal interest and perceived seriousness of the health topics they read.

Cues and heuristics to be used in credibility judgment of health information on Facebook

According to the interviews, Facebook users mentioned several cues that they used when making a credibility judgment of health information on Facebook, which responded to the second research question. Those cues were presented under a group of heuristics based on the literature.

Reputation heuristic: In this study, Facebook users had often mentioned that, regarding source of the information, they considered how well known the source was. Some sources, as a person, were very well known to the public, since they had appeared on mass media. Some sources may or may not appear on the media, but Facebook users knew that the source was famous or well known by looking at number of likes on the page or number of followers of the account.

Facebook users relied on reputation of the source when making credibility judgment because well-known accounts were believed to be more careful when posting or sharing any information. Facebook users reasoned that these accounts could lose huge number of followers if they post or share something not true or not credible. Some users mentioned that those accounts were famous because of their contents. Then, there was no reason to publish false information. They must only post and share something that they confided it was true.

Authority heuristic: In this study, Facebook users relied on the account identity and its background information. Authorized sources, in their opinions, were someone who either had an educational background in health science, had practiced in a health institute, had expertise in the area related to the health topics they read, or had a direct experience in the health topics they read. The Facebook users also included health institutes into this group of heuristics as well.

Having an educational background and/or working in health-related professional institutes, to the Facebook users, guaranteed that the persons know enough what they were talking about. Experiences they gained while training at school and working allowed the sources to tell what was right and what was wrong. This kind of reason also worked with someone who did not have a medical or health science degree but had direct experiences on the health topics they read.

Expectancy violation heuristic: This type of heuristic was triggered when Facebook users found something that missed or failed their expectation. Also, it can be something that did not conform to their personal belief. When encountering health information on Facebook, Facebook users expected that a credible piece of information must be free from misspellings and grammatical errors. To Facebook users, using correct and proper language showed the content was created professionally. Misspellings and grammatical errors reduced the information credibility drastically. Informal language was found acceptable on the case by case basis.

Persuasive intense heuristic: According the literature, the persuasive intense heuristic will be triggered when Facebook users found commercial intention attached to a post.

Commercial intention attached to the information can be a brand name, a tag line of a company, a tie-in product, a picture of products or services, etc. Commercial intention attached influenced Facebook users' credibility judgment in a reciprocally direction. To some users, commercial intention or advertising lessened the credibility of the content. No matter how the information was written in a proper language, or supported by academic research, Facebook users felt that the real reason behind that post was to promote or sell a product and service, not to inform or help others. In the meantime, other Facebook users thought information with commercial intention must be credible to prove the quality of products or services, otherwise no one would want to make a purchase.

Bandwagon or endorsement heuristic. Bandwagon or endorsement heuristic was triggered when a person believed that the content was credible if others believed so. Similarly to commercial websites where buyers checked on reviews by someone unknown before placing an order, Facebook users relied on the number of likes, shares, and comments. Facebook users believed that prior reactions shown under that post came from those who probably knew about, had a direct experience with, or had verified that piece of information. However, it must be noted that there was no unanimous number of likes, shares, and comments that all participants set as a lowest bar of credibility. To some Facebook users, they expected a credible health information to have at least one thousand likes and five hundreds shares. In the meantime, other users looked for fifty thousand to one hundred thousand likes and hundreds to a couple of thousand shares.

These numbers were used as cues for credibility judgment because Facebook users believed that the more the post was liked and shared, the more the post got exposed and verified. When the health-related post was seen by many people, those who found it not credible would not 'like' or 'share' that post. On the contrary, when people saw the post and found it credible, those people then would click 'like' and/or 'share'.

Many Facebook users also browsed through comments to get some glimpses on what others thought about the information. The more positive comments the post received, the more credible the post was rated.

Conclusion and Discussion

The current study showed three different types of credibility judgment process of health information on Facebook. All three processes revealed that Facebook users relied on cues related to source, message, and the interactions of the post. Taking type A process meant participants put the source of the Facebook post in the first priority. Similarly to other social media application, Facebook had a verification system that gave a blue checked mark for the verified accounts. However, to the researcher's knowledge, those checked marks were often found in accounts belonged to Thai politicians or celebrities, not health organization or any educational institutions in health-related fields. As such, Thai Facebook users needed to adopt their criteria for credible sources. By only looking at source-related cues such as an account's name, a profile picture, or a background data provided on Facebook, it may give a false impression and probably lead to wrong credibility judgment.

Those who took type B process were those who took the message as their first priority. While reading the message to see if there was any grammatical and typographical error or commercial intention attached, participants can weigh the message rationale, see some evidences, and check their prior knowledge on that topic before making judgment. If there was any suspicion, participants would be able to double check with other sources and make a proper decision.

The type C process was the one in which Thai Facebook users referred to as the interaction-related cues at the beginning of the process. This process could be a risky one to start with. Even though the participants relied on cues such as number of likes, loves, laughs, shares, and comments, one must be aware that those numbers can be boosted. High number did not always represent the real popularity. It would be risky if Facebook users receive a false impression from these numbers, and overlook other cues or evidences of credibility, hence it could lead to a wrong decision.

The results from the current study also revealed to reaffirm several existing and related literature, and to further understanding on uses of heuristics in credibility judgment on online media context. Regarding the source of health information, the current study reaffirmed the work by Dutta-Bergman (2003) that doctors were still a source of credible health information. Additionally, credible sources were extended to those who had direct experiences and those who were well-known to the public as the participants relied on cues in *authority and reputation heuristics* while making credibility judgment. On one hand, the current study suggested that, to have health information perceived as credible on Facebook, the source's expertise should be presented or detectable. On the other hand, the current study pointed that there is a possibility that people would mistakenly believe that some Facebook accounts belonged to doctors, health professionals, or experts in the area related to health topics they read.

Regarding the content of health information, the results supported the work of Diviani and colleagues (2016) and Metzger and colleagues (2010) that the participants expected credible information showing no grammatical errors, typographical errors and misspellings. On the contrary, the participants in this study revealed that they accepted some levels of informal language as long as it did not come from doctors or health-related institutions. As such, this cue under *expectancy violation heuristic* was adjusted when testing on Facebook setting.

Another group of heuristic relating to the content of health information was *persuasive intense heuristic*. The results from the current study also reaffirmed existing literature (Diviani et al., 2016; Fogg et al., 2003; Metzger et al., 2010) that credible information must show no sign of commercial nature. However, it must be noted that, to some participants, commercial attachment was not always a bad signal to the information's credibility. Those participants reasoned that, to support its commercial intention, sources probably worked harder to provide fact as a solid evidence in supporting the presented health information. This result, on one hand, reveals an opportunity for any health professionals and organizations to reach out and to provide accurate and useful health information to the public. On the other hand, the current study pointed that there is a

possibility that people would mistakenly believe that some Facebook accounts belonged to doctors, health professionals, or experts in the area related to health topics they read. Contrary to other social networking sites, Twitter and Instagram in particular, Facebook does not have a verification system that gave a blue check mark for an account name to guarantee its authentication. It is a calling task to policy makers to form plans and strategies that tackle this issue and protect people from account frauds and false information.

The last group of heuristic was bandwagon heuristic to which participants referred as the number of positive interaction. The results from the current study suggested that, to some participants, accounts or Facebook pages that had a great number of likes or followers signaled some degrees of credibility to the health information the accounts or pages posted or shared. The results resonated with a work of Diviani et al. (2016) revealing that people trusted health information from popular websites. These results are sending a warning signal to policy makers, educators, and general public to be aware of misinformation spreading from popular accounts or Facebook pages. Since Facebook allowed accounts and pages owners to boost their account and posts, the number of followers or likes that any Facebook users found may not come from organic access. Judging its popularity solely from numbers and having these numbers justified, credibility of health information is risky not only to one's self, but also to others if anyone decides to spread that information by sharing on their wall. Basic idea about Facebook and its algorithm must be delivered to Facebook users, especially those who are vulnerable ones.

Recommendation for Future Research and Practical Implication

In the technology driven era where new information appears every second, making credibility judgment on information we acquired daily is not an easy task. While this study tried to shed some lights on how Facebook users in general use heuristics as part of their credibility judgment on health information, it is worth taking a closer look at Facebook users in different age groups in particular. Teenagers, although they were born in technological environment, possess limited life experience to use as an essential tool to handle the complicated world. In the meantime, elders possess numerous life experience, but they were considered to be 'late majority' or even 'laggard' in technology adoption life cycle. As such they may not fully catch on with online frauds and encounter life challenges and risks at the same time.

Taken the findings from the current study into practice, some points should be taken into consideration for content creators, Facebook users, and policy makers. To create a credible Facebook post concerning health information, the content creators should clearly present source's expertise or make it detectable. Non-bias message, non-commercial message, and error free message are preferable. Number of positive interactions could also help build up the content credibility to some extent.

To Facebook users, they should be aware that heuristics was a simple shortcut that helps them make a satisfied, but not perfect, choice. Relying solely on heuristic cues when making credibility judgment of information that matters to their life such as health information could be risky. They would rather double check those health information deliberately.

To policy makers, the findings from the current study are sending a signal that they should come up with plans and strategies that help Thai Facebook users be ready for account frauds and misinformation issues they may encounter when using the application, not only on health information but other types of information as well.

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