

# **Representations of mpox by healthcare professionals and scientists on TikTok: a qualitative analysis of TikTok content and comments**

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# Representations of mpox by healthcare professionals and scientists on TikTok: a qualitative analysis of TikTok content and comments

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## Abstract

**Background:** Social media is widely used to communicate concerns and information about health-related issues. TikTok is one of the most popular platforms worldwide, especially among younger people. There is a paucity of data on its role during infectious disease outbreaks.

**Objective:** We describe TikToks made by healthcare professionals (HCPs) and scientists in response to the 2022 clade IIb mpox outbreak, as well as audience engagement.

**Methods:** We conducted a search of TikTok in February 2024 using “monkey pox”, “monkeypox” and “mpox”, recording the top 50 TikToks for each term. We deduplicated this dataset and collected information on engagement (e.g. number of views, comments and likes), as well as content and composition, using a standardised Excel data extraction form designed to capture We identified twenty-six TikToks by content creators who described themselves as HCPs or scientists. Almost all provided information about mpox and two described the creator’s lived experience of mpox. Avoiding stigma was a key focus; creators often emphasised that anyone could be at risk of mpox acquisition, rather than explicitly linking mpox transmission to sex between men (despite this group being disproportionately impacted during the clade IIb outbreak). A large number of comments on these TikToks were questions about mpox, or reinforced or attempted to mitigate stigma. sound, text and visual aspects of the platform. We conducted a thematic analysis of TikToks and comments.

**Results:** We identified twenty-six TikToks by content creators who described themselves as HCPs or scientists. Almost all provided information about mpox and two described the creator’s lived experience of mpox. Avoiding stigma was a key focus; creators often emphasised that anyone could be at risk of mpox acquisition, rather than explicitly linking mpox transmission to sex between men (despite this group being disproportionately impacted during the clade IIb outbreak). A large number of comments on these TikToks were questions about mpox, or reinforced or attempted to mitigate stigma.

**Conclusions:** HCPs and scientists leveraged TikTok to provide information on mpox, whilst making efforts to minimise stigma. Online platforms such as TikTok are key sites for public health messaging during infectious disease outbreaks, with potential to reach younger populations. Our study contributes to the emergent literature on methodological approaches to TikTok analysis for public health research.

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## Original Manuscript

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Key words: mpox; social media; stigma; qualitative research; TikTok

**Abstract**

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**Keywords:** TikTok, mpox, monkeypox, qualitative, healthcare professionals

## Background

Mpox (formerly known as monkeypox) is a disease caused by a zoonotic virus, primarily transmitted through physical contact, resulting in painful skin and mucous membrane lesions with potential for scarring, and sometimes death. Children [1] and those with advanced HIV infection (i.e. living with HIV without access to antiretroviral medication)[2] are among those most risk of severe disease and/or death. In July 2022, the World Health Organization (WHO) declared mpox a Public Health Emergency of International Concern [3]. Although mpox had been endemic in areas of West and Central Africa since the early 1970s, 2022 saw the first large scale, sustained community transmission outside of these areas, with cases reported in 115 countries which had not previously reported mpox (including in the European region and North America) [4].

There are two mpox clades: clade I (historically prevalent in East and Central Africa); and clade II (more common in West Africa) [5]. The 2022 outbreak of clade IIb primarily impacted gay and bisexual men who have sex with men (GBMSM), with 86.9% of all cases until end of January 2023 reported in this group; sexual contact was the predominant mode of transmission [6]. Although cases of clade IIb in non-endemic countries have declined since the peak in 2022, mpox remains a global health threat; a new genetic variant (Clade Ib) emerged in 2023, primarily affecting East and Central African countries and resulting in significant strain on already over-burdened health systems [7]. Since 1<sup>st</sup> January 2022, 158,425 people have been diagnosed with mpox worldwide, with 399 lab confirmed deaths [8].

Social media is increasingly used as a mode of communication, with 5.41 billion users globally [9], with a significant increase in use during COVID-19 [10]. Individuals use social media to find and share health information, engage in online communities for support, and to share information about their own health [11]. Public institutions also use it to share health information, facilitate health interventions, and for social mobilisation around health-related causes [11].

TikTok is a video sharing platform launched in 2018 following the merger of two apps, Musical.ly and Douyin [12]. It is owned by the company ByteDance Ltd and headquartered in Los Angeles and Singapore [13]. Its format is video (“TikToks”) accompanied by a caption and often hashtags (“#” followed by a key word, which is searchable), and may also include overlaid images or text. Most TikToks are short; the platform recommends an optimal duration of 21-24 seconds to maximise engagement [14]. TikTok has rapidly grown since its launch, seeing exponential growth during the initial years of the COVID-19 pandemic [15]. It has an estimated 1 billion unique monthly users, making it the world’s sixth most-used social media platform. Over half of users are aged  $\leq 30$  years, with the majority of content creators aged 18-24 [9, 16]. It is an increasingly important site for

exchange of health information, including about infectious disease outbreaks, especially among those aged <30 years [17]. However, it may also be a source of inaccurate or misleading information.

Methodological approaches to harnessing TikTok for research is an emergent field [18]. There has been a growing interest in the role of TikTok in health-related issues, with one systematic review identifying studies investigating content produced on a range of health areas including dermatology, obstetrics, gynaecology and mental health, among others [19]. Studies have also explored the use of TikTok during the COVID-19 pandemic, predominantly determining accuracy of information shared, or factors driving user engagement [15, 20-22].

Most studies exploring social media in relation to mpox have analysed data from Twitter/X. They have tended to focus on topics discussed [23], public sentiment [24], mis/disinformation, and public health communication [25]. By comparison, TikTok has been under-investigated, with studies being mainly quantitative and focusing on the accuracy and quality of information, and user engagement [26-28]. We have identified only one qualitative study on the use of TikTok during the 2022 mpox outbreak, exploring mis/disinformation and characterising conspiracy theories [29].

Given social media's importance as a site for information sharing during outbreaks, and the relative neglect of TikTok by public health researchers, there is an urgency to developing approaches to ethically and systematically investigate how infectious diseases are framed, represented and discussed on this increasingly popular platform.

## **Aims**

Our aims in this article are two-fold. First, we seek to understand how healthcare professionals (HCPs) and scientists have represented mpox on TikTok, and how users have engaged with this content. This provides insights into how TikTok can be leveraged for public health messaging in future infectious disease outbreaks. Secondly, we aim to contribute to the emerging field of TikTok methodology by describing a systematic and reproducible approach to TikTok for public health research.

## **Methods**

We conducted a qualitative content analysis of TikToks on mpox by creators who presented as HCPs or scientists on the platform. We also analysed user engagement, including comments.

### *Dataset*

TikTok content shown to users is determined algorithmically, based on viewing history, likes, follows, other user interactions [30], and possibly other factors including popularity of content, as

well as the age and location of the user. Detailed information on TikTok's algorithm is not publicly available. As most TikTok users are  $\leq 30$  years, we created a TikTok account with a user age of 24 years (the platform does not request any further demographic information). This account was only used to search for and review TikTok content for the purposes of this study; it was not used to search or view other content.

Using a similar strategy to Lewis and Melendez-Torres [31], we searched the terms “*monkey pox*”, “*monkeypox*” and “*mpox*” using the search bar on the platform's home page. There is no definitive explanation of what is searched through this function other than that is influenced by account behaviour (e.g. the kind of content engaged with) [30], but it is likely to include hashtags, captions and comments. EJN ran the search on 13<sup>th</sup> February 2024. We captured the following data on the top 50 TikToks returned for each search, in Excel: creator username, date of posting, URL, number of views, number of likes, number of comments, and number of bookmarks. Our decision to include the top 50 TikToks for each search was following the approach taken by Lewis and Melendez-Torres [31]. We then removed duplicates manually (e.g. where the same TikTok had been returned for more than one search term).

#### *Inclusion and exclusion criteria*

TikToks were included if the content was about mpox, in English, and were created by someone who presented as either an HCP (including doctor, nurse, pharmacist, medical student, or other allied HCP) or scientist (i.e. anyone describing themselves as a scientist). We did not check the veracity of creators' professional role as our focus was on accounts that users would *perceive* as belonging to HCPs or scientists. We included content that had been reshared or “stitched” (meaning that a TikTok created by another user was reshared, with an overlay or split screen of the named user, usually commenting on the original content), or edited to include content created by other users. We excluded TikToks that were not in English, not about mpox and not posted by an account holder identifying as an HCP or scientist. We did not include or exclude TikToks on the basis of location of the creator.

#### *Analysis*

We accessed TikToks through URLs saved in Excel. Using a data extraction form, we manually extracted the following data (where present): overview of the TikTok; composition (i.e. “person speaking directly to camera”); caption (the text produced by the content creator that is separate from the video); visual memes (a common pattern or format across the platform); overlay text (i.e. where text appears over the video); overlay images (i.e. where an image appears over the video); dialogue/narration; sound bites/audio memes; hashtags; purpose; and anything else of note (appendix

1). This provided an initial overview of data. However, we found that analysing these components separately prevented us from engaging with the content as a whole, and in the way it had been intended. We therefore switched approaches, and categorised TikToks according to content creator type (e.g. HCP or scientist), and purpose (e.g. sharing information or lived experience). We applied initial inductive coding to included TikToks using Excel. This involved identifying the themes included in each TikTok by watching and/or engaging with extracted material and listing these themes in a column on our extraction sheet. We conducted in-depth exploration of one central theme, stigma. We reviewed all TikToks relating to this theme, recording a brief description in the Excel file. i.e. “General appeal to ‘not stigmatise this’”; as well as a summary/transcription of content relating to stigma. These summaries enabled comparison and synthesis across all TikToks relating to this theme.

We analysed comments on included TikToks by importing comments as PDFs into NVivo 12. We coded comments inductively until data saturation was reached.

Analysis was led by EJV with input from MLP. Additionally, a member of the project community advisory board (someone from a community at increased risk of mpox acquisition) was involved in the analysis, design and writing of this paper.

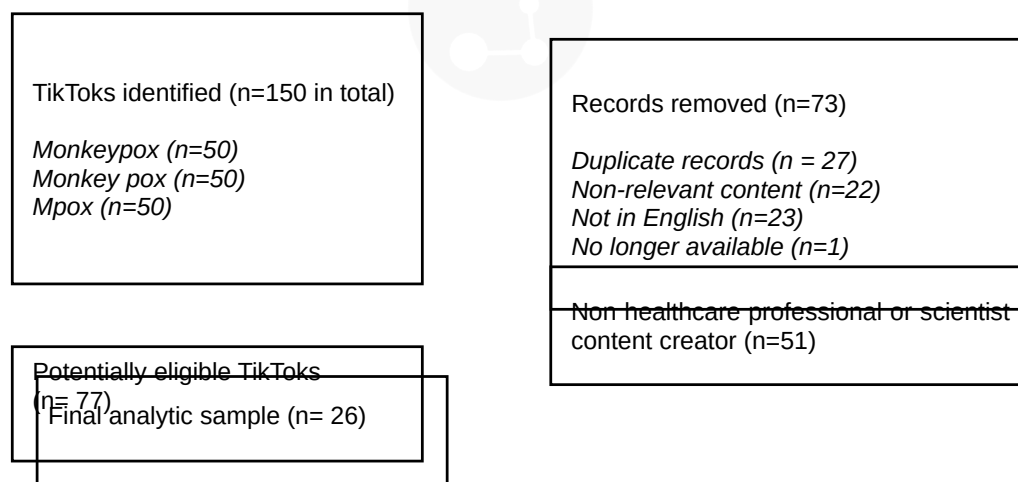
### Ethical considerations

This study was granted approval by UCL Research Ethics Committee (ref: 6698/005). Content creators and commenters were not approached for consent for their material to be included in this analysis as the material is in the public domain, however, we have excluded the use of usernames in this article.

### Findings

After deduplication and first screening, we identified 77 potentially eligible TikToks, of which 26 were included as they were created by an HCP or scientist (Figure 1).

Figure 1: Modified PRISMA Diagram for included TikToks.



The 26 included TikToks were created mainly by creators identifying as doctors (n=15); five creators described themselves as pharmacists; two as scientists; two as HCPs; one as a nurse; and one as a medical student. The TikToks were broadly categorised as follows: communicating public health information; sharing personal testimonies; providing commentary or opinion; and tackling stigma (a crosscutting theme). We analysed comments on 13 of the 26 TikToks in our study, selected at random, resulting in 1,606 coded comments. Our analysis of TikTok comments focuses primarily on two themes, “questions” and “blame and stigma,” as they align with the TikTok content analysis.

### *Communicating public health information*

The primary focus of most TikToks created by HCPs and scientists was communicating information about mpox (including prevention, symptoms, natural history, groups at risk of more severe disease, and perspectives on the seriousness of the evolving outbreak). In earlier months, several creators stressed the evolving nature of the outbreak in an effort to alleviate worry and minimise panic:

*“This is not COVID 2.0, we’re not days away from a lockdown, but it is unusual.”  
(Content creator, HCP)*

This framing of the mpox outbreak in the context of the recent COVID-19 pandemic was a common narrative:

*“The big takeaway is that it is not like a pandemic 2.0 level of concern, but it is something that scientists and researchers are keeping an eye on.” (Content creator, scientist)*

Advice about mpox prevention included the importance of hand hygiene, seeking medical advice if there was a concern about potential contact, and transmission reducing behaviours in the event of mpox symptoms or contact with someone with symptoms. Transmission reducing behaviours included avoiding skin-to-skin contact (including sex) especially in the presence of skin lesions, and avoiding contact with fomites (such as clothing or bedding), and hand hygiene:

*“Keep your hands clean, wash your hands, use hand sanitizer, don’t share drinks”  
(Content creator, HCP)*

*“Make sure you are not in direct contact with someone that has monkeypox, do not handle their bedding, their clothing, or share utensils with them” (Content creator, HCP)*

Additionally, two TikToks discussed the potential of transmission through droplet spread.

Vaccination was discussed in eight TikToks in very broad terms, often limited to a statement that Modified Vaccinia Ankara (MVA) vaccines were available, and advising those who perceived

themselves to be at risk to discuss with HCPs, rather than providing detailed information about vaccination programmes. One TikTok commented that childhood vaccination for smallpox may reduce the severity of the disease (but did not discuss vaccination for mpox prevention specifically). One TikTok included mention of MVA vaccine supply shortages. In another TikTok, from later in the outbreak (May 2023), a creator emphasised the importance of receiving two doses of the vaccination to maximise protection, stating:

*“it’s definitely not a silver bullet ... the best thing we have is this vaccine, though.”*  
(Content creator, HCP)

A significant proportion of TikTok comments we analysed were requests for information from users. This theme encompassed 212 comments asking for information about mpox, including vaccination, treatment, transmission, testing, symptoms, similarity to other conditions (e.g. eczema), severity, reinfection, how to protect oneself from mpox infection and case numbers. Transmission-related questions were most common, with variation in detail and complexity:

*“How does it spread?” (Comment)*

*“Can you catch it at the gym from like sweaty gym equipment” (Comment)*

*“Being that it’s zoonotic, if we catch it can we potentially give it to our pets:  
specifically cats and dogs?” (Comment)*

Questions about potential symptoms were also common, including what the rash or blisters look like, early symptoms, how to tell the difference between mpox and other conditions, and the potential for scarring:

*“What’s the early sign you feel?” (Comment)*

*“If you get them are they super itchy like the chicken pox” (Comment)*

*“Is the rash soft or hard texture wise” (Comment)*

In addition to questions related to public health information, a significant number of comments were from users expressing fear or concern about their own perceived symptoms of mpox, most often with users referencing a current rash, swollen lymph nodes or other (usually non-specific) symptoms. These were often expressed in a panicked tone, using capital letters:

*“I feel a bump in my lip and a little red spots on my chest and I’m itchy a lot is  
that monkey pox” (Comment)*

*“HELP MY WHOLE BODY IS ITCHING IS THIS A SYMPTOM??” (Comment)*

### *Sharing personal testimonies*

Two HCP creators shared accounts of their lived experiences of mpox in real time. One showed viewers their skin lesions, expressing a strong desire to recover so they could “start moving on with my life”. The other creator described their symptoms (including marked fatigue) and their experience of mpox testing:

*“I did go to the ER [emergency room] and they swabbed some of the lesions and sent them away for confirmation, but we’re pretty sure that’s what this is” (Content creator, HCP)*

They coupled their personal testimony with an update on rising case numbers, especially in urban areas, as well as reiterating public health messaging on routes of transmission (i.e. skin-to-skin contact) and the role of vaccination. One creator openly stated that they had shared their lived experience to raise awareness and combat stigma, saying:

*“I wanted to post about this to spread awareness and remind people to check their bodies [...] I also want to do away with any stigma or embarrassment that anybody might have about getting any form of disease. These things happen.” (Content creator, HCP)*

With the exception of concerned comments about potential symptoms described in the previous section, we did not identify comments describing lived experience of mpox. However, a small number of comments responded to this content with direct and deliberate cruelty:

*“Should we burn him? Like the dark ages?” (Comment)*

*“Your [sic] cooked” (Comment)*

### *Tackling stigma*

Six TikToks, posted between June–November 2022, specifically raised concerns about potential stigma, largely arising from the association between mpox and sexual transmission among GBMSM. Some creators made direct appeals to challenge stigma:

*“Let’s not make this [that mpox only affects GBMSM] the narrative or the conversation because that’s dangerous.” (Content creator, HCP)*

One strategy employed by creators was to discursively distance mpox from both sexual transmission and GBMSM, despite sexual transmission among GBMSM being the dominant mode of transmission in the 2022 outbreak. Some emphasised that “*anyone*” was at risk of mpox acquisition, foregrounding the importance of avoiding contact with fomites shared with individuals with

symptoms, or who had been diagnosed with mpox, and stressing the role of handwashing. Although creators acknowledged that sexual transmission was important, they set this within a wider context of mpox being transmitted through close physical contact (with or without sex). For at least one creator, this framing was partly a response to homophobic reactions to previous content they had shared:

*“I do not know how I made it to the side of TikTok that is extremely homophobic.”  
(Content creator, HCP)*

Creators were left having to strike a careful balance between avoiding perpetuating stigmatising stereotypes, whilst providing targeted information to a community that was at higher risk of mpox acquisition. Two HCPs created content specifically about the importance of vaccination and personal vigilance during Pride month, acknowledging there would be an increase in sexual and other close physical contact among GBMSM. This tension between communicating risk to the most affected group and avoiding reinforcing existing homophobia was addressed by one HCP creator, who situated it in the context of the change in nomenclature from monkeypox to mpox:

*“The idea is there’s less of a stigma if you don’t call it monkeypox, but [those who are supportive of the name change are] also the same group of people that were unwilling to even talk about who this primarily affected, and it does primarily affect gay men.” (Content creator, HCP)*

This TikTok also critiqued such efforts to reduce stigma which were perceived to be accompanied by a reluctance to appropriately acknowledge and respond to an outbreak primarily affecting GBMSM:

*“If you’re not willing to admit that, you’re not willing to admit what the name of the disease is, then you’re not going to be very successful in getting the word out and trying to get those people vaccinated.” (Content creator, HCP)*

However, our analysis of TikTok comments revealed that stigma related to GBMSM was commonplace, with a minority of comments attempting to mitigate stigma by deploying similar strategies as creators, such as framing mpox as an “equal opportunities virus” (a term from the mid-1990s used to counter HIV-related homophobia), and not restricted to GBMSM:

*“This is a serious misconception. Viruses do not choose who to infect!”  
(Comment)*

*“Huh?? Of course. Literally anyone can get it. Hope you haven’t been believing the lies about it only affecting gay men” (Comment)*

A total of 111 comments referred directly to GBMSM, with some (like the examples above) attempting to mitigate stigma:

*“You’re grasping at nothing just to justify your hate for lgbtq people bro”  
(Comment)*

However, content referring directly to GBMSM was often explicitly homophobic, incorporating crude and graphic descriptions of sexual behaviour (which we have chosen not to reproduce here), or assigning blame to lesbian, gay, bisexual, trans and queer (LGBTQ) communities:

*“It the alphabet people (referring the LGBTQ people) fault” (Comment)*

*“Bro I ain’t trying to get mpox bro it was made by gey sax [sic]” (Comment)*

*“Stop digging in men’s azz” (Comment)*

## Discussion

In this paper, we provide the first analysis of HCP and scientist content on TikTok produced in response to mpox. We give an overview of the kinds of content produced by these creators, which were primarily for the purpose of sharing timely and accurate information about mpox. This demonstrates how the platform is a potentially important site for public health messaging by trusted actors [27, 28]. By engaging with TikTok comments, our analysis has also highlighted a strong appetite from users for health information on this platform in the context of an infectious disease outbreak. The potential use of TikTok by HCPs to deliver health promotion has been highlighted in other analyses of TikTok content, for instance in one study engaging with the HIV prevention technology HIV Pre-Exposure Prophylaxis (PrEP), the authors conclude that the platform has been underutilised for health education and stigma reduction [31]. Previous analyses of mpox content on TikTok have focussed on verifying accuracy of information shared [27, 28]. One study of Twitter/X content on mpox described how misinformation often preceded official public health advice, highlighting the importance of timely information [25]. We build upon this work by engaging with the complexity and nuance of information and its emergent context, for instance in the weighing up of new and uncertain knowledge, and the potential for increasing stigma.

Several TikToks in our analysis were concerned with the potential for stigma and homophobia, and therefore downplayed or attempted to disassociate mpox from sexual transmission and GBMSM. These TikToks tended to be earlier in the outbreak, and often stressed the evolving nature of the 2022 global outbreak. This highlights the difficulties of providing timely and accurate advice during an emerging outbreak, as well as the tension between accurately reporting who is most impacted by the outbreak and potentially amplifying stigma. This concern is also reflected GBMSM in other qualitative studies, where participants have noted that emphasis on sexual transmission among GBMSM risked reinforcing homophobic attitudes and stereotypes [32-34]. The presence of homophobic and offensive user comments in our analysis highlights the reality of mpox-related

stigma towards GBMSM, demonstrating that HCP and scientist content creator concerns were well founded.

Our analysis demonstrates the importance of TikTok as a site to understand and address infectious disease outbreaks, especially with younger people. In this paper, we have described a novel, systematic and reproducible method for qualitatively analysing TikTok content, focusing on how HCP and scientific content creators and users interact to create and negotiate meaning about an emerging infectious disease outbreak, primarily affecting a marginalised group. Key considerations for those undertaking similar work include ethical approval, the use of a research-specific TikTok account and data extraction. Our approach (Box 1) could be applied in combination with quantitative methods, to provide a more comprehensive understanding of discourse, attitudes and experiences of future infectious disease outbreaks. Such nuanced understanding is likely to inform public health messaging and interventions on social media platforms, and beyond.

There are limitations to our analysis including that we conducted our search in February 2024, twenty-one months after the 2022 mpox outbreak had started. Some content from earlier in the outbreak may no longer have been available, and the Top 50 TikToks in 2024 were unlikely to represent popular content in May 2022. Additionally, a longitudinal sampling strategy would have allowed us to consider how stigma related-narratives, framings of risk, or the provision of and request for information may have changed over time. Importantly, in relation to our search and sampling strategies, creators may use strategies to evade content moderation e.g. through covert language [12], meaning our search strategy would have missed relevant content. Furthermore, whereas it is clear from an HCP's job role ("nurse") that they have (or are claiming to have) specific expertise and qualifications, the self-description of "scientist" is vaguer.

It is also important to highlight the difference between researcher and user engagement with TikTok. As researchers, we searched for mpox content purposively. However the majority of TikTok users do not search for content, instead discovering content through the "For You" feed, which is algorithmically generated based on viewing history, likes, follows, and other user interactions [30]. There is little information available on how this algorithm operates, meaning our understanding of what our "Top 50" was based on is limited. Furthermore, we used a study-specific TikTok account to only search for mpox-related content. This is not how content is consumed by users; the majority would also be accessing other content on TikTok, with mpox only a small proportion of suggested content. This is an important consideration when planning future health promotion on TikTok; many users who may benefit from such messaging may not view it as a result of complex, non-transparent viewer algorithms. Finally, we need to recognise that those accessing social media may not be

representative of the most marginalised; previous studies have shown how those who are already engaged in LGBTQ+ networks may also be more likely to access information on social media [35].

### Box 1: Key considerations

Ethics: Institutional ethics review may not be required for social media analyses of publicly available data. Additionally, the method we describe does not require storage of primary data locally as content is accessed only via TikTok. Researchers should check their institutional requirements. Moreover, ethical norms and standards concerning this kind of analysis will continue to evolve.

Setting up an account: We advise creating a user account on TikTok. Consider using a date of birth that is consistent with the age of the population of interest. Gender and other characteristics are inferred by the platform from content that users engage with.

Key words: Identify key words for the search. This is likely to be the name of the infection and potential variations (e.g. monkeypox, monkey pox, mpox). For each search term, enter this in to the search bar on the “discover” page. Save the top 50 videos for each of the search terms using the method described below.

Data extraction: Microsoft Excel can be used to capture the TikToks returned via search as well as for data extraction. Analysis of TikTok comments can be conducted using Nvivo or other qualitative analysis software.

### Conclusion

The crucial role of social media platforms in infectious disease outbreaks is now well-recognised [36]. Our analysis adds to this evidence by highlighting how HCP and self-described scientists used TikTok to provide health information and combat stigma during the 2022 mpox outbreak. To date, most social media research in infectious diseases has focused on Twitter/X, a platform with increasingly polarised discourse, declining user base, and ever-waning relevance to academic research due to restrictions on data access [37]. We acknowledge that the future of TikTok is also uncertain as a result of a potential US ban [38]. Furthermore, social media ecosystems are subject to rapid change with platforms waning in popularity and newer options emerging in their place. However, it is likely that the sharing of shortform video will remain popular for the foreseeable future, and TikTok (or other similar platforms) will be an important discursive site. This paper

outlines a systematic approach to the analysis of TikTok, whilst demonstrating the potential for HCPs and scientists to communicate information to minoritised groups such as GBMSM. We recommend that public health agencies identify potential influencers in the inter-pandemic/outbreak phase, and cultivate working relationships so their reach can be leveraged for health promotion during outbreaks.

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**Appendix 1: Extraction sheet**

|                            |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|
| Length of video            |  |  |  |  |  |  |  |
| Theme: Stigma              |  |  |  |  |  |  |  |
| Theme: Sexual Transmission |  |  |  |  |  |  |  |
| Theme: MSM                 |  |  |  |  |  |  |  |
| Themes                     |  |  |  |  |  |  |  |
| Purpose/genre              |  |  |  |  |  |  |  |
| Presenter                  |  |  |  |  |  |  |  |
| Search term                |  |  |  |  |  |  |  |
| Anything else              |  |  |  |  |  |  |  |
| Hashtags                   |  |  |  |  |  |  |  |

| Bookmarks | Description | Video | Caption/title | Meme | Overlay<br>Text | Overlay<br>images | Narration | Dialogues | Sound<br>bites/audio |
|-----------|-------------|-------|---------------|------|-----------------|-------------------|-----------|-----------|----------------------|
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