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From Individual Responsibility to Regulatory Stewardship: Reconstructing Consumer Protection within Indonesia's Health Influencer Ecosystem

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ABSTRACT

The proliferation of health influencers on social media has transformed health communication while generating new forms of consumer risk in digital environments. In Indonesia, this phenomenon occurs within a rapidly expanding digital ecosystem, where health information is increasingly mediated by algorithm-driven platforms rather than traditional medical authorities. However, the public authority exercised by health influencers is often not accompanied by professional competence or legal accountability, raising significant concerns for consumer protection. This study examines the legal challenges of consumer protection in digital health content in Indonesia using a normative juridical (doctrinal) approach, combining statutory, conceptual, and comparative analyses. Through legal gap analysis, it finds that existing legal frameworks, particularly the Consumer Protection Law, Health Law, and Electronic Information and Transactions Law, remain inadequate in regulating the legal status, transparency, and accountability of health influencers. The findings show that consumer harm is best understood as distributed harms, systemic and cumulative risks arising from interactions between influencers, platforms, sponsors, and regulatory limitations. In response, this article proposes a regulatory stewardship model that redistributes responsibility across these actors, offering a preventive and ecosystem-based approach to protecting public health in Indonesia's digital environment.

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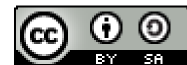

Introduction

The development of digital technology has fundamentally disrupted patterns of communication and information distribution in modern society, including within the healthcare landscape. In Indonesia, this transformation has occurred on a massive scale alongside increasing internet penetration and the dominance of social media platforms. The 2025 report issued by the Indonesian Internet Service Providers Association (APJII) indicates that the national internet penetration rate has reached 80.66%, representing

approximately 229 million users (APJII, 2025). Social media has become one of the primary motivations for internet access, with smartphones serving as the dominant medium (APJII, 2025). This reality confirms that Indonesia has transformed into a digital society in which the flow of information operates in real time, persists continuously, and is heavily shaped by algorithmic platform architectures. Within the context of public health, this shift has disrupted the manner in which society acquires health literacy and structures medical decision-making.

This digitalization phenomenon has triggered a fundamental shift in the structure of health knowledge authority. Historically, health authority was centralized within medical professionals, hospitals, academic journals, and formal health institutions (Anjelia et al., 2024). Today, however, such authority has become decentralized and migrated to social media platforms through digital figures commonly referred to as health influencers. Authority is no longer constructed solely upon professional competence or empirical scientific validation, but rather dictated by digital metrics such as engagement rates, popularity, algorithmic visibility, and the capacity to establish emotional relatability with audiences (Suarez-Lledo & Alvarez-Galvez, 2021). Consequently, health influencers have transformed into principal actors in health communication who shape public consumption behavior and lifestyle patterns, often without possessing medical qualifications or being subject to professional ethical standards (Moorhead et al., 2013).

The dominance of health influencers has generated serious implications for the consumer protection regime. One manifestation of this crisis is the proliferation of misinformation and pseudo-health content within the digital ecosystem. Such problematic content circulates widely in various forms, ranging from detoxification promotions lacking medical indication, anti-vaccine narratives, pseudo-medical skincare claims, and unscientific alternative therapies, to the exploitation of public anxiety through fear-based content (Khansa, 2022). The complexity of this issue is further escalated by social media algorithms operating within the logic of the attention economy, whereby sensational and provocative content is prioritized to maximize audience retention rather than evidence-based information grounded in objective facts (Silvana Rachmawati et al., 2021; Zuboff, 2020). Repeated exposure to such asymmetric information not only produces individual harm but also generates what has been conceptualized as distributed harms, namely cumulative, probabilistic, and systemic harms with broad implications for population health (Kaňková et al., 2024).

Unfortunately, Indonesia’s positive legal framework has not yet developed sufficient adaptive capacity to respond to the complexity of such digital harms. Law Number 8 of 1999 concerning Consumer Protection (UUPK) remains grounded in the conventional bipartite transaction paradigm between business actors and consumers, thereby failing to recognize influencers as digital economic actors and claim-makers (Aprida Nafliana, 2023). Meanwhile, Law Number 17 of 2023 concerning Health primarily concentrates its jurisdiction on the supervision of medical professionals and formal healthcare personnel,

leaving non-professional actors operating within a regulatory vacuum (Law of the Republic of Indonesia Number 17 of 2023 concerning Health, 2023). At the same time, the Electronic Information and Transactions Law (ITE Law) is principally oriented toward clear-cut cyber offenses, rendering it inadequate to address gray-area misinformation, such as misleading health claims packaged in pseudo-scientific forms (Law Number 1 of 2024, 2024). This regulatory fragmentation creates an anomaly of authority without accountability, whereby digital figures exercise significant influence over public health perceptions without bearing proportionate legal responsibility.

Previous studies have extensively examined consumer protection issues in the digital era. However, the majority of the literature continues to focus on aspects of consumer personal data protection (Saputra et al., 2024), e-commerce fraud (Dewi & Mahuli, 2025), or the dissemination of political hoaxes (Suryadi et al., 2022). Within the domain of health law, legal discourse generally centers on malpractice committed by licensed physicians or healthcare professionals (Shakhilla et al., 2025). Specific studies addressing the legal accountability of influencers as non-medical actors in the dissemination of commercial health information and distributed harms have yet to receive adequate elaboration in Indonesian legal scholarship. Accordingly, this research seeks to fill this gap in the literature by positioning the protection of digital health information as an integral component of consumer protection.

In responding to this legal gap, comparative analysis with global jurisdictions becomes particularly relevant. In the United States, the Federal Trade Commission (FTC) strictly enforces commercial transparency and scientific substantiation standards for influencers (FTC, 2025). Similarly, the European Union has progressively classified influencers as digital traders subject to product safety regimes (Niestadt, 2025), while China requires professional certification for creators of health-related content (Bajarin, 2026). These global practices indicate a paradigmatic shift from laissez-faire approaches toward risk-mitigation governance. Based on this background, this article aims to critically examine the legal vacuum surrounding consumer protection against digital health content in Indonesia and to propose a reconstruction of legal responsibility through a regulatory stewardship model, namely a governance framework that proportionally distributes obligations among influencers, platforms, sponsors, and the state in order to safeguard the integrity of public health.

Method

This study employs a juridical-normative approach (*doctrinal legal research*) focusing on the analysis of legal norms, principles, and regulatory frameworks governing consumer protection within the context of digital health. Unlike empirical qualitative or quantitative studies, this research does not involve human participants or statistical data. Instead, it systematically examines legal texts and conceptual frameworks to identify regulatory gaps and formulate normative solutions. To achieve these objectives, the study

adopts several interrelated approaches. First, the statutory approach is utilized by analyzing Indonesia's legal framework, particularly the Consumer Protection Law (Law No. 8 of 1999), the Health Law (Law No. 17 of 2023), and the Electronic Information and Transactions Law. Second, the conceptual approach is applied through the use of theoretical constructs such as *distributed harms*, *platform governance*, and *regulatory stewardship*. Third, the comparative approach is employed by examining regulatory models in the United States through the Federal Trade Commission (FTC), the European Union, and China.

The legal materials used in this research are classified into three categories. Primary legal materials consist of statutory regulations, official legal documents, and policy frameworks. Secondary legal materials include scholarly journal articles, books, and authoritative reports related to consumer protection, digital governance, and health communication. Meanwhile, tertiary legal materials comprise legal dictionaries and other supporting references. Data were collected through systematic library research, including the identification of relevant legal texts and regulatory documents, the selection of scholarly literature based on relevance and credibility, as well as the classification of legal materials into thematic categories such as consumer protection, digital health, and platform governance.

The analysis was conducted qualitatively through three interrelated stages. The first stage, legal gap analysis, aimed to identify inconsistencies and limitations within the existing legal framework in responding to the realities of digital health risks, particularly concerning the legal status and liability of health influencers. The second stage, comparative legal analysis, examined regulatory approaches across different jurisdictions in order to identify best practices and normative standards for addressing digital health misinformation. The third stage, conceptual legal analysis, synthesized theoretical frameworks into a normative model of *regulatory stewardship* that proportionally distributes responsibilities among actors within the digital ecosystem. To ensure analytical rigor, this study employed source triangulation by comparing various legal sources, academic literature, and policy reports; conceptual consistency by aligning theoretical perspectives with legal analysis; and comparative validation by testing the proposed arguments against regulatory practices at the international level.

Results and Discussion

1. The Anatomy of Legal Vacuums and the Characteristics of Distributed Harms in Indonesia

The fundamental weakness of digital consumer protection in Indonesia stems from a regulatory paradigm that remains conventional and fragmented. An analysis of Law Number 8 of 1999 concerning Consumer Protection (*Undang-Undang Perlindungan Konsumen* / UUPK) demonstrates significant limitations in the definition of "business actors." Within the context of health influencers, their legal status frequently occupies a gray area, as they simultaneously function as educators, entertainers, and commercial promoters. This

ambiguity creates substantial difficulties in enforcing Article 4 of the UUPK concerning consumers' rights to accurate, clear, and honest information, because influencers often argue that their content merely constitutes "personal experience sharing" rather than formal commercial activity (Niestadt, 2025). Furthermore, Law Number 17 of 2023 concerning Health and the Electronic Information and Transactions Law also exhibit operational limitations. The Health Law is primarily oriented toward the supervision of formal medical professionals, thereby failing to reach non-professional actors who disseminate medical claims without licenses. Meanwhile, the ITE Law tends to target only content that explicitly violates the law (*prohibited content*), while remaining ineffective in addressing pseudo-scientific content that is not entirely false but nevertheless medically misleading (Adhy Baskara et al., 2026; Aunurmala, 2025).

This phenomenon further reinforces the existence of *distributed harms*. Consumer harm in Indonesia is no longer linear in nature, such as direct product poisoning, but rather systemic. For instance, anti-vaccine narratives or viral promotions of extreme dieting may not immediately harm a single individual, yet cumulatively they contribute to the deterioration of public health standards and generate increased national healthcare burdens (van der Meer & Jin, 2020). Indonesia's current legal framework remains trapped within the paradigm of proving actual individual harm, thereby failing to mitigate distributed harms that are probabilistic, cumulative, and massive in scale.

The failure of consumer protection within Indonesia's health influencer ecosystem is fundamentally rooted in the rigidity of the norms contained in Law Number 8 of 1999 concerning Consumer Protection (UUPK), which has not been able to anticipate the complexity of digital interactions. One of the primary issues concerns the ambiguity surrounding consumers' right to information under Article 4 of the UUPK. Article 4(c) guarantees consumers the right to "accurate, clear, and honest information regarding the condition and guarantee of goods and/or services." In practice, however, the fulfillment of this right is obstructed by narrative strategies employed by health influencers that deliberately blur the distinction between *commercial speech* and *experiential sharing*. Many forms of health-related content are packaged as personal testimonials or "unpaid educational content," making them legally difficult to classify as formal advertising. Consequently, when the information disseminated proves medically misleading, consumers face evidentiary hurdles because the relationship is perceived merely as a social interaction among social media users rather than a legal relationship between business actors and consumers (Bajarin, 2026).

A further problem arises from the crisis of legal subject classification under Article 7(b) of the UUPK. The obligation imposed upon business actors to "provide accurate, clear, and honest information" is difficult to enforce because of the absence of a clear legal classification for influencers. In practice, health influencers derive systematic economic benefits through affiliate fees, endorsements, and sponsored content. Nevertheless, from a juridical perspective, they are often not formally registered as business actors. This legal

uncertainty creates a condition of *authority without accountability*: influencers possess the authority to shape the health decisions of millions of individuals, yet they are not burdened with the legal responsibilities ordinarily attached to business entities. As a result, preventive regulatory oversight becomes ineffective because the object of supervision itself is not clearly defined. Teleologically, however, even if influencers are not formally registered as business entities, they may still be interpreted expansively as "business actors" because they systematically conduct promotional activities for material gain through affiliate fees and sponsored content that directly influence consumers' economic decisions (FTC, 2025).

Another critical challenge concerns gray-area misinformation under Article 9 of the UUPK. Article 9 prohibits business actors from offering or promoting goods in a misleading manner. However, the principal issue in digital health content is not limited to outright lies, but rather concerns *gray area misinformation* (Law Number 1 of 2024, 2024). Content such as "fat-burning detoxification" or "anti-cancer immunity booster supplements" frequently employs pseudo-scientific terminology that may not be entirely false in technical terms, yet remains misleading by omission and contextual manipulation. The norms contained in Article 9 have not adequately addressed fear-based marketing strategies and pseudo-medical claims amplified algorithmically across digital platforms. Without strict scientific evidentiary standards within the regulatory framework, the boundary between "opinion" and "misleading promotion" becomes increasingly blurred.

One significant manifestation of pseudo-health content within Indonesia's digital ecosystem is reflected in the distorted use of medical terminology, particularly the term "detoxification" in the promotion of health-related commodities. Clinically, detoxification constitutes an endogenous biological process naturally performed by the liver and kidneys. However, within digital marketing practices, the term has been reduced to an instrument of artificial credibility designed to create the appearance of medical authority without sufficient evidentiary basis. Juridically, claims such as "immune acceleration" (*immune booster*) or "toxin elimination" that lack scientific validation construct an exploitative information asymmetry. The use of such absolute claims without support from *competent and reliable scientific evidence* constitutes a violation of consumers' rights to honest information. From the perspective of consumer protection law, this phenomenon should not merely be understood as *marketing puffery*, but rather as a form of *misleading claims* that exploits consumer vulnerability within the digital sphere.

The final structural issue concerns the disconnection between individual harm and distributed harms under Article 19 of the UUPK. Article 19 regulates the obligation of business actors to provide compensation for consumer losses, damages, or contamination. Nevertheless, the formulation of this provision remains grounded in the paradigm of *actual individual harm*, namely tangible physical or financial losses suffered by a single consumer following a transaction. This paradigm is fundamentally incompatible with the characteristics of harm within digital environments, which are inherently distributed in nature. Health misinformation disseminated by influencers generates harms that are

cumulative, because adverse health effects emerge gradually through long-term exposure to content; probabilistic, because not every viewer immediately suffers illness, although public health risks increase statistically; and systemic, because the harm is produced through interactions among algorithms, platforms, and content. The inability of Article 19 to encompass collective and systemic harms explains why law enforcement in Indonesia remains predominantly reactive. Legal intervention only occurs when individual victims submit complaints, despite the fact that damage to the integrity of public health information has already occurred on a massive scale. Accordingly, the *ratio legis* underlying compensation obligations under Article 19 of the UUPK should not be narrowly interpreted as limited to immediate physical harm, but must be expanded to include systemic harms arising from prolonged exposure to health misinformation that undermines overall public health standards (*public health harm*).

2. Comparative Study: The Shift toward Risk-Based Digital Governance

Indonesia's regulatory lag may be addressed by adopting principles from global jurisdictions that have developed more progressive regulatory approaches. The United States, through the Federal Trade Commission (FTC), provides an important example of best practices in the area of transparency. The FTC requires explicit disclosure of material relationships between content creators and sponsors and prohibits health claims that are not supported by "competent and reliable scientific evidence" (Carpenter et al., 2021; Casale & Casale, 2019; Ferris & Ferris, 2025; FTC, 2025; Heiss et al., 2025; Natasha et al., 2025; Willoughby et al., 2024). The emphasis on evidentiary standards is particularly crucial for Indonesia to adopt in order to suppress the proliferation of pseudo-science.

The European Union offers a different perspective by classifying influencers with a certain number of followers as traders (Aade & Goanta, 2025; Berger, 2023; Gosztonyi & Szabó-Gödri, 2025; Wiszniewska, 2025). Such classification automatically subjects influencers to strict product safety standards and legal liabilities similar to those imposed upon manufacturing business actors (Niestadt, 2025; Situmeang et al., 2025; Vraga & Bode, 2020). Meanwhile, China applies the strictest administrative controls by requiring professional qualification verification for anyone providing health-related advice within digital spaces (Archer & Robb, 2024; Bajarin, 2026; Dumas & Stough, 2022; Lee et al., 2022; Xianan, 2025). These three regulatory models demonstrate a common global trend: health information is no longer treated as part of a laissez-faire market but rather governed as an integral component of public health resilience.

As illustrated in Table 1, there are fundamental differences in the manner by which each jurisdiction defines the legal position of influencers and structures accountability mechanisms. Indonesia is the only jurisdiction listed that remains at the stage of fragmented regulation, whereas other jurisdictions have progressively shifted toward systemic governance models.

Table 1. Comparative Models of Digital Health Content Governance across Jurisdictions

Aspect	Indonesia	United States	European Union	China
Influencer Status	Not specifically regulated (*gray area*)	Digital Endorser	Trader/Business Actor	Verified Health Communicator
Regulatory Focus	Illegal Content & General Hoaxes	Disclosure & Deceptive Advertising	Consumer Governance	Public Health Governance
Sponsor Disclosure	Not specifically regulated	Mandatory (Strict)	Mandatory (*Consumer Law*)	Highly Strict & Centralized
Health Claims	No specific evidentiary standards	Evidence-based Claims	Safety & Protection Standards	Mandatory Scientific Verification
Platform Liability	Minimal (*Safe Harbor Principle*)	Limited (Section 230 CDA)	Strong (*Digital Services Act*)	Very Strong (*Joint Liability*)
Professional Certification	None/Not Mandatory	Not Mandatory	Not Mandatory	Mandatory for Health Influencers
Regulatory Paradigm	Fragmented Regulation	Transparency Regulation	Ecosystem Governance	Risk-control Governance

Source: Compiled by the Author based on (Bajarin, 2026; FTC, 2025; Niestadt, 2025) (2026).

3. Reconstructing Consumer Protection through a Regulatory Stewardship Model

As a solution to this legal vacuum, this article proposes a reconstruction of liability through a *regulatory stewardship* model. This model shifts the focus from individual punishment toward comprehensive ecosystem management. Within this framework, legal responsibility is distributed across four principal pillars. First, influencer accountability must be strengthened through standardized disclosure obligations established by the government. Any content containing health-related claims should be accompanied by reference sources or disclaimers concerning the competence of the content creator. Second, digital platforms must bear greater responsibility. Based on the theory of *platform governance*, platforms should not merely function as passive intermediaries. Instead, they must be legally obligated to attach warning labels to unverified health content and to adjust their algorithms so as not to amplify harmful health-related information (Van der Heijden, 2021).

Third, the state must assume the role of steward. Through collaboration among the Ministry of Health, the National Agency of Drug and Food Control (BPOM), and the Ministry of Communication and Information Technology, the government should act as a risk manager rather than merely a post-incident responder. This includes the establishment of a risk-based digital health content monitoring unit. Fourth, sponsors must also bear responsibility. Companies that utilize influencer services should be subject to joint liability where the promoted content is proven to be misleading. Through this approach, consumer protection in Indonesia would be transformed from a reactive and individualistic framework into a preventive and systemic governance model aimed at safeguarding the integrity of Indonesia’s digital health space.

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Unlike command-and-control models, which tend to be reactive and rigid, or self-regulation models, which frequently lack accountability, *regulatory stewardship* positions the state as a proactive ecosystem manager. This model is particularly suitable for algorithmic ecosystems because it emphasizes systemic accountability rather than merely individual punishment, while proportionally distributing risk-management responsibilities among digital platforms and commercial sponsors.

Conclusion

The rise of health influencers on social media has triggered a fundamental shift in the landscape of health authority in Indonesia. Within a digital ecosystem governed by algorithmic logic and the attention economy, the legitimacy of health information no longer rests solely upon formal medical competence, but increasingly upon visibility metrics and emotional relatability with audiences. This study concludes that such developments generate new forms of risk in the shape of *distributed harms*, which are cumulative, probabilistic, and systemic in nature. The negative impacts of these harms extend beyond direct individual injury and ultimately undermine public health on a broader scale through the massive dissemination of misinformation.

The juridical analysis demonstrates the existence of a significant legal vacuum within Indonesia's national legal framework. The Consumer Protection Law (UUPK) remains confined within the paradigm of conventional transactions, the Health Law has yet to effectively reach non-professional actors operating in cyberspace, and the Electronic Information and Transactions Law (ITE Law) remains limited to explicitly illegal content, thereby failing to mitigate *gray area misinformation*. Comparative analysis further reveals a global trend toward risk-based governance, as reflected in the regulatory approaches adopted by the United States, the European Union, and China, which emphasize transparency, platform accountability, and professional certification. In response, this article proposes the reconstruction of consumer protection through a *regulatory stewardship* model that shifts the paradigm from individual liability toward systemic accountability by proportionally distributing responsibilities among influencers, digital platforms, sponsors, and the state.

**Based on these findings, this study recommends several strategic measures. First, the government should harmonize the Consumer Protection Law, the Health Law, and the ITE Law through the establishment of specific regulations defining the legal status of health influencers as digital business actors, accompanied by strict standards concerning evidence-based claims and sponsor disclosure obligations. Second, digital platforms should no longer be treated merely as neutral intermediaries but must be legally required to verify health-information accounts, implement commercial-content labeling, and mitigate high-risk health content through algorithmic governance mechanisms inspired by the European Union's *Digital Services Act* (DSA). Third, integrated cross-sectoral supervision involving the Ministry of Health, BPOM, the Ministry of Communication and Digital Affairs, and the National Consumer Protection Agency (BPKN) is necessary to establish responsive risk-

based governance. Finally, strengthening public digital health literacy remains essential to enhance consumers' critical capacity in evaluating health claims circulating on social media. Importantly, the proposed regulatory reconstruction is not intended to restrict freedom of expression in an absolute sense, but rather to specifically regulate commercial communication and high-risk health claims that directly affect public safety and human life.

References

Aade, L., & Goanta, C. (2025). Ban-It-Harderism in European Consumer Law: The Case of the French Influencer Law. *Journal of Consumer Policy*, *48*(4), 523. https://doi.org/10.1007/S10603-025-09600-6

Adhy Baskara, S., Akib, ruf, Umar, W., & Author, C. (2026). Civil Liability of Influencers in Endorsement Contracts. *PAMALI: Pattimura Magister Law Review*, *6*(1), 112–122. https://doi.org/10.47268/pamali.v6i1.3582

Ali, M. (2024). The Creation of Health Content on Social Media to Attract Public Interest in Health Literacy. *Jurnal Jaminan Kesehatan Nasional*, *4*(2), 122–132. https://doi.org/10.53756/JJKN.V4I2.217

Anjelia, L. O., Mulyana, D., Suminar, J. R., Anjelia, L. O., Mulyana, D., & Suminar, J. R. (2024). The Role of Indonesian Doctors as Content Creators in Fighting Health Hoaxes, Myths, and Stigma on Social Media. *JURNAL KOMUNIKASI INDONESIA*, *13*(2), 11. https://doi.org/10.7454/jkmi.v13i2.1253

APJII. (2025). *Survei APJII 2025*. https://survei.apjii.or.id/survei/group/11

Aprida Nafliana, E. (2023). Penegakan Hukum Terhadap Influencer yang Mengiklankan Produk Kosmetik Ilegal pada Platform Media Sosial Instagram di Wilayah Kepolisian Resor Kota Pekanbaru. *SIBATIK JOURNAL: Jurnal Ilmiah Bidang Sosial, Ekonomi, Budaya, Teknologi, Dan Pendidikan*, *2*(5), 1419–1432. https://doi.org/10.54443/SIBATIK.V2I5.804

Archer, A., & Robb, C. M. (2024). Influencers as role models. *Celebrity Studies*, *15*(2), 128–142. https://doi.org/10.1080/19392397.2024.2341594

Aunurmala. (2025). Analisis Tanggung Jawab Hukum dan Moral Influencer Terhadap Produk di Media Sosial. *Jurnal Fatwa Hukum*, *8*(3). https://jurnal.untan.ac.id/index.php/jfh/article/view/99592/75676606908

Bajarin, T. (2026). China's credentialing crackdown: a reset for the influencer economy. *Forbes*.

Berger, S. (2023). *From Influence to Responsibility Time to Regulate Influencer Marketing the Consumer Voice In Europe*. www.beuc.eu

Carpenter, C. C., Bonin II, M., Carpenter, C. C., Bonin, M., & II. (2021). To Win Friends and Influence People: Regulation and Enforcement of Influencer Marketing After Ten Years of the Endorsement Guides. *Vanderbilt Journal of Entertainment & Technology Law*, *23*(2), 253. https://scholarship.law.vanderbilt.edu/jetlaw/vol23/iss2/1

Casale, E. A., & Casale, E. A. (2019). Influencing the FTC to Update Disclosure Rules For the Social Media Era. *Mitchell Hamline Law Journal of Public Policy and Practice*, *40*(1), 1. https://open.mitchellhamline.edu/policypractice/vol40/iss1/1

Citron, D. K., Pasquale, F., Citron, D. K., & Pasquale, F. (2014). The Scored Society: Due Process for Automated Predictions. *Washington Law Review*, *89*(1), 1. https://digitalcommons.law.uw.edu/wlr/vol89/iss1/2

Collin, P. (2007). *Dictionary of law.* A. & C. Black.

Darmawan, A. (2026). *Perlindungan Konsumen dalam E-Commerce*. *4*, 11–22.

Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan, (2023) (testimony of Depkes RI). https://www.kemkes.go.id/id/undang-undang-republik-indonesia-nomor-17-tahun-2023-tentang-kesehatan

Dewi, D. K., & Mahuli, J. I. (2025). Perlindungan Hukum Terhadap Konsumen di Era Ekonomi Digital: Analisis terhadap Tanggung Jawab Pelaku Usaha Platform E-Commerce. *All Fields of Science Journal Liaison Academia and Sosiety*, *5*(2), 48–60. https://doi.org/10.58939/AFOSJ-LAS.V5I2.791

Dumas, J. E., & Stough, R. A. (2022). When influencers are not very influential: The negative effects of social media verification. *Journal of Consumer Behaviour*, *21*(3), 614–624. https://doi.org/10.1002/CB.2039

Ferris, K., & Ferris, K. (2025). An Impossible Task: Enforcing Disclosure Requirements In A Multi-Billion Dollar Industry. *Catholic University Journal of Law and Technology*, *33*(2), 1–28. https://scholarship.law.edu/jlt/vol33/iss2/1

FTC. (2025). FTC Disclosure Rules for Healthcare Influencers: Are You Posting Legally? – Holt Law. In *FTC Disclosure Rules for Healthcare Influencers*. https://djholtlaw.com/ftc-disclosure-rules-for-healthcare-influencers-are-you-posting-legally/

Geistfeld, M. A. (2014). Risk distribution and the law of torts: Carrying calabresi further. *Law and Contemporary Problems*, *77*(2), 165–190.

Gosztonyi, G., & Szabó-Gödri, R. (2025). European and Hungarian regulatory approaches to online influencers. *TalTech Journal of European Studies*, *15*(3), 180–200. https://doi.org/10.2478/BJES-2025-0036

Heiss, R., Woloshin, S., Dave, S., Engel, E., Gell, S., & Willis, E. (2025). Responding to public health challenges of medical advice from social media influencers. *BMJ*, *391*. https://doi.org/10.1136/BMJ-2025-086061

Kaňková, J., Binder, A., & Matthes, J. (2024). Helpful or harmful? Navigating the impact of social media influencers' health advice: insights from health expert content creators. *BMC Public Health*, *24*(1), 3511. https://doi.org/10.1186/S12889-024-21095-3

Khansa, S. N. (2022). *Media Sosial Sebagai Media Promosi Kesehatan*. https://doi.org/10.31219/OSF.IO/6DAX5

UU No. 1 Tahun 2024, (2024). https://peraturan.bpk.go.id/details/274494/uu-no-1-tahun-2024

Lee, J. A., Lee, S. Y., Ryoo, Y., Kim, W. J., & Sung, Y. (2022). The Psychological Consequences of Envying Influencers on Instagram. *Cyberpsychology, Behavior, and Social Networking*, *25*(11), 703–708. https://doi.org/10.1089/CYBER.2022.0001

Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A., & Hoving, C. (2013). A new dimension of health care: Systematic review of the uses, benefits, and limitations of social media for health communication. *Journal of Medical Internet Research*, *15*(4). https://doi.org/10.2196/JMIR.1933

Nafi'a, Z. I., & Agus Priyono, E. (2025). Perkembangan Hukum Perjanjian di Era Digital : Tinjauan atas Kontrak Elektronik. *Jurnal Ilmu Hukum, Humaniora Dan Politik*, *5*(4), 3327–3333. https://doi.org/10.38035/JIHHP.V5I4.4452

Natasha, F., Wiryawan, A. B., & Auda, S. (2025). *Criminal Liability of Influencers for Distribution of Illegal Products on Social Media*. *2*(1).

Niestadt, M. (2025). *Regulating influencer marketing in the European Union*. European Parliamentary Research Service.

Ningsih, A., Ketut, L., & Satrini, A. M. (2026). Pertanggungjawaban Pidana Influencer atas Promosi Produk Ilegal Melalui Media Sosial. *Journal of Comprehensive Science*, *5*(3), 839–848. https://doi.org/10.59188/JCS.V5I3.4099

Purnat, T. D., & Scales, D. (2025). Health information in age of social media and influence. *BMJ*, *391*. https://doi.org/10.1136/BMJ.R2419

Saputra, C. D., Saputra, G. S., Aprilliani, F., & Martinelli, I. (2024). Perspektif Hukum terhadap Privasi dan Perlindungan Data Pribadi di Era Digital. *Jurnal Ilmu Hukum, Humaniora Dan Politik*, *5*(1), 799–810. https://doi.org/10.38035/JIHHP.V5I1.3372

Shakhilla, D., Arimbi, D., Andayani, L., Jenderal, U., & Yani, A. (2025). Tinjauan Yuridis Penegakan Hukum Terhadap Profesi Dokter yang Melakukan Malpraktik kepada Pasien Berdasarkan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. *Rechtswetenschap : Jurnal Mahasiswa Hukum*, *3*(1). https://doi.org/10.36859/RECHTSWETENSCHAP.V3I1.4159

Silvana Rachmawati, T., Agustine, M., Raya Bandung-Sumedang Km, J., & Barat, J. (2021). Keterampilan literasi informasi sebagai upaya pencegahan hoaks mengenai informasi kesehatan di media sosial. *Jurnal Kajian Informasi & Perpustakaan*, *9*(1), 99–114. https://doi.org/10.24198/JKIP.V9I1.28650

Situmeang, A., Saefudin, Y., Sohheng, N., Rusdiana, S., & Alhakim, A. (2025). Defining Legal Boundaries of ‘Harm’ In Digital Expression in Indonesia and Thailand. *ADLIYA: Jurnal Hukum Dan Kemanusiaan*, *19*(1), 1–18. https://doi.org/10.15575/ADLIYA.V19I1.44685

Suarez-Lledo, V., & Alvarez-Galvez, J. (2021). Prevalence of health misinformation on social media: Systematic review. *Journal of Medical Internet Research*, *23*(1). https://doi.org/10.2196/17187

Suryadi, D., Nugraha, F., & Misbach, T. M. (2022). Penyebaran Hoax Politik Pada Media Sosial. *Jurnal Komunikan*, *1*(1). https://doi.org/10.30993/JURNALKOMUNIKAN.V1I1.290

Van der Heijden, J. (2021). Regulatory Stewardship. *Policy Quarterly*, *17*(1). https://doi.org/10.26686/PQ.V17I1.6731

van der Meer, T. G. L. A., & Jin, Y. (2020). Seeking Formula for Misinformation Treatment in Public Health Crises: The Effects of Corrective Information Type and Source. *Health Communication*, *35*(5), 560–575. https://doi.org/10.1080/10410236.2019.1573295

Vraga, E. K., & Bode, L. (2020). Defining Misinformation and Understanding its Bounded Nature: Using Expertise and Evidence for Describing Misinformation. *Political Communication*, *37*(1), 136–144. https://doi.org/10.1080/10584609.2020.1716500

Willoughby, J. F., Couto, L., Kang, S., Randall, J., Kirkpatrick, A. W., Lee, D. K. L., Su, Y., Booth, A. M., & Domgaard, S. (2024). An Exploratory Content Analysis of the Use of Health Communication Strategies and Presence of Objectification in Fitness Influencer Social Media Posts. *Health Communication*, *39*(5), 888–895. https://doi.org/10.1080/10410236.2023.2190248

Wiszniewska, J. (2025). Influencer Marketing – Do We Need a New Law or a New Approach? Few Remarks From the European and Polish Perspective. *Masaryk University Journal of Law and Technology*, *19*(1), 57–73. https://doi.org/10.5817/MUJLT2025-1-3

Xianan, L. (2025). Fitness influencers in Chinese social media: Role models for youth or unattainable ideals? *Acta Psychologica*, *260*, 105743. https://doi.org/10.1016/J.ACTPSY.2025.105743

Zuboff, S. (2020). *The Age of Surveillance Capitalism: The Fight for a Human Future at the New Frontier of Power*. PublicAffairs.