Pediatr Pract Res. 2026;14(1):1884155
DOI: 10.21765/pprjournal.1884155

ORIGINAL ARTICLE
ORİJİNAL ARAŞTIRMA

Evaluation of Most Viewed YouTube Videos on Heel Prick Test Refusal, Mandatory Newborn Screening, and the "Heel Prick Test Myth"

YouTube'da Topuk Kanı Reddi, Zorunlu Yenidoğan Taraması ve Topuk Kanı Yalanına Yönelik En Fazla İzlenen Videoların Değerlendirilmesi

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ABSTRACT

Aim: This study aims to systematically evaluate the informational quality of the most highly viewed YouTube videos addressing sensitive public health issues with significant societal impact, including heel prick test refusal, mandatory newborn screening programs, and the "heel prick test myth."

Material and Method: In this study, videos obtained through YouTube searches using the keywords "heel prick test refusal," "mandatory newborn screening," and "heel prick test myth" were analyzed. The reliability of video content was assessed using the modified DISCERN instrument, while overall information quality was evaluated using the Global Quality Scale (GQS). Based on the scores derived from these scales, videos were classified into three categories: good/excellent, moderate, and poor quality.

Results: Among the evaluated videos, 51.8% were classified as good/excellent quality, 28.9% as moderate quality, and 19.3% as poor quality. Videos in the good/excellent quality group had significantly higher median DISCERN scores compared with those in the moderate and poor quality groups. No significant correlation was observed between video popularity and GQS or DISCERN scores. However, a statistically significant positive correlation was found between mean GQS and DISCERN scores. In addition, total likes were significantly and positively correlated with both total comments and total views.

Conclusion: Many YouTube videos on heel prick test refusal, mandatory newborn screening, and the "heel prick test myth" lack sufficient quality and evidence-based content, while high-quality videos are limited. This highlights the need to strengthen the reliability of digital health information and the visibility of expert-produced content.

Keywords: YouTube, heel prick test refusal, mandatory newborn screening, heel prick test myth, primary healthcare

ÖZ

Amaç: Bu araştırma, toplum sağlığı açısından hassasiyet taşıyan topuk kanı reddi, zorunlu yenidoğan tarama programları ve "topuk kanı yalanı" başlıklarıyla ilişkili olarak YouTube'da en yüksek izlenme sayılarına ulaşan videoların bilgi kalitesini sistematik bir yöntemle incelemeyi amaçlamaktadır.

Gereç ve Yöntem: Çalışmada, YouTube platformunda "topuk kanı reddi", "zorunlu yenidoğan taraması" ve "topuk kanı yalanı" anahtar sözcükleri kullanılarak yapılan aramalar sonucunda elde edilen videolar analiz edilmiştir. Video içeriklerinin güvenilirliği modifiye edilmiş DISCERN ölçeği ile, genel bilgi kalitesi ise Global Kalite Ölçeği (GQÖ) kullanılarak değerlendirilmiştir. Ölçeklerden elde edilen puanlar doğrultusunda videolar iyi/mükemmel, orta ve düşük kalite olmak üzere üç grupta sınıflandırılmıştır.

Bulgular: Değerlendirilen videoların %51,8'i iyi/mükemmel kalite düzeyinde, %28,9'u orta kalitede ve %19,3'ü düşük kalitede bulunmuştur. İyi/mükemmel kalite grubundaki videoların medyan DISCERN puanlarının, orta ve düşük kalite gruplarına kıyasla anlamlı derecede daha yüksek olduğu saptanmıştır. Video popülaritesi ile GQÖ ve DISCERN puanları arasında anlamlı bir ilişki belirlenmezken, GQÖ ve DISCERN ortalama puanları arasında pozitif bir korelasyon olduğu görülmüştür. Ayrıca toplam beğeni sayısı ile toplam yorum ve izlenme sayıları arasında anlamlı ve pozitif korelasyonlar saptanmıştır.

Sonuç: Topuk kanı testi reddine, zorunlu yenidoğan taramasına ve "topuk kanı testi efsanesine" ilişkin birçok YouTube videosu yeterli kaliteye ve kanıta dayalı içeriğe sahip değildir, ancak yüksek kaliteli videolar sınırlıdır. Bu durum, dijital sağlık bilgilerinin güvenilirliğinin ve uzmanlar tarafından üretilen içeriğin görünürlüğünün güçlendirilmesi gerektiğini ortaya koymaktadır.

Anahtar Kelimeler: YouTube, topuk kanı reddi, zorunlu yenidoğan taraması, topuk kanı yalanı, birinci basamak

Cite this article as / Bu makaleye atıf için: Beyoğlu E, Beyoğlu MM. Evaluation of Most Viewed YouTube Videos on Heel Prick Test Refusal, Mandatory Newborn Screening, and the "Heel Prick Test Myth". Pediatr Pract Res. 2026;14(1):1884155. doi: 10.21765/pprjournal.1884155

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Received/Başvuru Tarihi: 07.02.2026
Accepted/Kabul Tarihi: 31.03.2026

INTRODUCTION

Rapid advances in information and communication technologies have fundamentally transformed the ways in which information is accessed in contemporary societies. Along with digitalization, uncertainties encountered in daily life have increased, rendering information seeking behavior particularly in health related matters more prominent. Today, individuals increasingly turn to digital platforms to obtain answers to their health-related questions, with online media progressively replacing traditional sources of information (1).

Search engines and social media platforms have assumed a significant role in accessing health-related information due to their ease of accessibility and reliance on user generated content. Among the most prominent examples of this digital transformation, YouTube has become a widely used information source not only for entertainment and social interaction but also for topics related to health, medicine, and public health (2,3). However, the scientific accuracy and reliability of content shared on such platforms remain variable, raising concerns regarding the quality of publicly accessible health information.

In the literature, several studies have demonstrated that digital platforms may facilitate the dissemination of misinformation related to critical public health interventions (4,5). This concern is particularly relevant in the context of pediatric health, where parental decision-making can be strongly influenced by online narratives. Newborn screening programs, including the heel-prick (Guthrie) test, represent essential preventive public health measures aimed at the early detection of metabolic, endocrine, and genetic disorders. Despite their well-established clinical benefits, vaccine hesitancy like dynamics and misinformation campaigns have increasingly extended to newborn screening practices. Reports from different settings indicate that misinformation surrounding the heel-prick test may contribute to parental refusal, delay in diagnosis, and potential adverse health outcomes (6).

Given YouTube's large user base, algorithm driven recommendation system, and the persuasive nature of audiovisual content, videos addressing heel-prick test refusal, mandatory newborn screening programs, and related misinformation may significantly shape parental perceptions and attitudes. In this context, the present study aims to examine widely viewed YouTube videos related to heel-prick test refusal, mandatory newborn screening, and heel-prick test misinformation; to evaluate their qualitative characteristics and conveyed messages; and to assess their informational quality within the framework of digital public health communication.

MATERIAL AND METHOD

This study was designed as a descriptive and analytical investigation. Within the scope of the research, video content related to mandatory newborn screening programs and heel-prick blood sampling practices published on the YouTube platform (www.youtube.com) was evaluated. Initially, the available content on the platform was reviewed to identify commonly used narratives and trending expressions associated with the topic. Based on this preliminary assessment, the keywords "heel-prick test refusal," "mandatory newborn screening," and "heel-prick test myth" were determined. A systematic content search was then conducted using these predefined keywords through the YouTube video search engine.

The video search was conducted on February 2, 2026, and the search results were listed in descending order according to view counts, in line with YouTube's default ranking algorithm. Previous studies analyzing YouTube content have demonstrated that the vast majority of user engagement is concentrated within a limited number of videos appearing at the top of search results (7). As approximately 90% of the videos evaluated in these studies were reported to be included within the first 60 search results, the first 60 videos listed for each keyword were included in the analysis in the present study (8–10). Our sample size was determined to be 180.

Duplicate videos, content published in languages other than Turkish, videos not directly related to the study topic, posts created for commercial or promotional purposes, and videos that did not provide meaningful or relevant content were excluded from the analysis. The final evaluation was conducted based on video content that met the predefined inclusion criteria.

Quality Assessment

The quality of the video content was evaluated using the Global Quality Scale (GQS). The GQS is a widely used instrument designed to assess the overall quality, usefulness, and informational value of health-related content presented in digital media sources, using a 5-point Likert-type scoring system ranging from 1 to 5. Numerous studies in the literature examining the quality of YouTube videos have reported the use of the GQS for content evaluation (2,8–10).

Within the framework of the Global Quality Scale (GQS), videos are classified into three main quality categories. Videos scoring 4–5 points are considered to be of good or excellent quality, those scoring 3 points are classified as moderate quality, and videos scoring 1–2 points are categorized as low quality. In the present study, the criteria used for scoring the video content are defined in detail below:

1 point: Low-quality videos with poor structure and narration, lacking scientific basis and providing no meaningful benefit to viewers.

2 points: Low-quality videos with limited usability; although some correct information may be present, misleading or incomplete content predominates.

3 points: Moderate-quality videos that address basic aspects of the topic, containing a mixture of correct and incorrect information and offering partial informational value.

4 points: High-quality videos that are largely accurate and educational, with only minor, clinically non-critical deficiencies.

5 points: Excellent-quality videos that are comprehensive, well-structured, and based on reliable and up-to-date scientific evidence (11).

All video contents included in the study were independently evaluated by two physicians experienced in common forensic issues encountered in primary care practice. Inter-rater agreement was assessed using the kappa coefficient to determine observer reliability. In cases of disagreement between the evaluators, the relevant videos were re-assessed by a third expert physician, and the final scores were established based on this evaluation to complete the analysis process.

Assessment of Reliability

The reliability of the video content was evaluated using the DISCERN assessment tool, originally developed by Charnock et al. and widely applied in its updated version. In its original structure, the DISCERN instrument consists of 16 items: the first eight items assess the reliability and clarity of information presentation, the subsequent seven items focus on content quality, and the final item provides an overall evaluation of the material's quality (12).

In this study, five core criteria adapted from the DISCERN instrument were used to assess video reliability in a practical and comparable manner. Accordingly, videos were evaluated based on: (i) whether the content was presented in a clear, concise, and easily understandable manner; (ii) whether the information was grounded in valid scientific sources, up-to-date research, or relevant fields of expertise; (iii) whether the presentation was objective and free from bias; (iv) whether additional sources or references for further information were provided to viewers; and (v) whether areas of uncertainty or controversial issues were adequately addressed.

Each criterion was scored dichotomously as "yes" or "no," with a score of 1 assigned for "yes" and 0 for "no." Accordingly, the total score obtainable from the scale ranged from 0 to 5, with higher scores indicating greater video reliability. Similar scoring approaches have been reported in previous studies evaluating the reliability of digital video content in the literature (12).

Video Parameters

For all videos included in the analysis, the upload date, video duration, total number of views, likes, and comments were systematically recorded. In addition to total counts, daily average values for views, likes, and comments per video were calculated and analyzed alongside the cumulative metrics. Daily average engagement metrics were calculated by dividing the total count (views, likes, or comments) by the number of days between the upload date and February 2, 2026.

Video Sources

Video sources were categorized into six groups: academic institutions/universities [1], physicians [2], non-physician healthcare professionals [3], TV/journalists [4], YouTubers [5], and websites [6].

Ethical Considerations

This study analyzed only publicly accessible video content available on the YouTube platform. No personal data were collected, and no human or animal subjects were involved. Therefore, approval from an ethics committee was not required. Previous studies employing similar methodological approaches have likewise reported conducting analyses without obtaining ethical approval (10,13,14).

Informed Consent

As the study examined only openly accessible digital content, no data were collected directly from participants; therefore, informed consent was not required.

Statistical Analysis

Statistical analyses were performed using SPSS version 22.0. Descriptive statistics were reported as frequencies and percentages, along with minimum, maximum, and median values. The distribution of variables was assessed using the Kolmogorov-Simirnov test. Differences between groups were analyzed using the nonparametric Kruskal–Wallis test, and post hoc analyses(Bonferroni) were conducted when statistically significant differences were identified. Correlations between variables were evaluated using Spearman correlation analysis. Inter-rater agreement was assessed using the kappa statistic (0.885, strong harmony). In all analyses, a p value of <0.05 was considered statistically significant.

RESULTS

A total of 180 videos were initially screened; of these, 97 were excluded from the analysis based on the predefined exclusion criteria. Among the excluded videos, 38 were unrelated to the study topic, while 59 were duplicate (repetitive) contents. Within the subgroup of the 38 topic-irrelevant videos, 35 consisted of content related to other fields and 3 were identified as news-related material. Following this selection process, a total of 83 videos were included in the final analysis.

The median duration of the videos included in the study was 121 seconds (min–max: 21–7,322). The median number of views was 1,556 (31–844,143), the median number of comments was 2 (0–1,214), and the median total number of likes was 11 (0–5,900). The highest number of views (844,143), highest median views (6,717), highest number of likes (5,900), highest median number of likes (48.5), highest number of comments (1,214), and highest median number of comments (15) were identified in the Heel Prick Test Refusal category. The descriptive characteristics of the videos are presented in detail in **Table 1**.

Table 1. Descriptive Characteristics of the Videos

Categories Video features	Minumum(s)	Maximum(max)	Median
Heel Prick Test Refusal (n=42)			
Time (seconds)	21	7.322	115,5
Number of views	31	844.143	6.717
Number of comments	0	1.214	15
Total likes	0	5.900	48,5
Mandatory Newborn Screening (n=25)			
Time (seconds)	27	3.267	166
Number of views	31	15.000	540
Number of comments	0	35	0
Total likes	0	71	8
Heel Prick Test Myth (n=16)			
Time (seconds)	46	478	88,5
Number of views	64	16.000	1.308,5
Number of comments	0	127	2
Total likes	0	672	5

According to the GQS assessment, the quality levels of the videos showed a heterogeneous distribution: 51.8% (n=43) were classified as high quality, 28.9% (n=24) as moderate quality, and 19.3% (n=16) as low quality. The inter-rater agreement, reflected by a Kappa coefficient of 0.884, indicates a high level of measurement reliability.

In the analysis based on upload source, the majority of videos produced by academic institutions/universities were found to be in the high-quality category (78.6%; n=11). All videos uploaded by physicians and non-physician healthcare professionals were classified as having moderate to high quality (100%; n=34 and 100%; n=3, respectively). In contrast, a substantial proportion of videos uploaded by television/journalists and YouTubers were categorized as low quality (57.1%; n=8 and 60%; n=6, respectively). These findings suggest that the quality of video content may vary significantly according to the source of upload. The distribution of GQS scores by upload source is presented in detail in **Table 2**.

Table 2. Distribution of video quality by sources, n (%).

Video Source	Low quality (%)	Moderate quality (%)	Good/ excellent quality (%)	Total
Academic/University	0 (0)	3 (21.4)	11 (78.6)	14
Physician	0 (0)	6 (17.6)	28 (82.4)	34
Non-physician healthcare professionals	0 (0)	2 (66.7)	1 (33.3)	3
TV-Journalist (Investigative)	8 (57.1)	6 (42.9)	0 (0)	14
YouTuber	6 (60)	4 (40)	0 (0)	10
Web sitesi	2 (25)	3 (37.5)	3 (37.5)	8
Total	16 (19.3)	24 (28.9)	43 (51.8)	83

*n: number, % percentage

When GQS results were analyzed according to user type, videos uploaded by academic/university sources, physicians, and non-physician healthcare professionals were found to have higher scores, with a statistically significant difference observed between groups ($p<0.001$). According to the modified DISCERN scale, videos produced by website, television/journalist and YouTuber sources received lower scores, and this difference was also statistically significant ($p<0.001$). When daily comment counts were examined, a statistically significant difference was observed between the physician group and the website group ($p=0.038$). In contrast, no statistically significant differences were found among user groups with respect to daily view counts or total like rates ($p=0.090$ and $p=0.210$, respectively) (**Table 3**).

As video quality increased, modified DISCERN scores also increased, and a statistically significant difference was observed among the quality groups ($p<0.001$). When total view counts, total comment numbers, and total like counts were examined, low-quality videos had significantly higher values compared with the medium- and high-quality video groups, with statistically significant differences observed for all three parameters ($p<0.001$) for total views, total comments, and total likes) (**Table 4**).

Table 3. Total like count, daily comment count, daily view count, DISCERN and GQS scores by video sources.

Video Source	GQS Median (min-max)	DS Median (min-max)	Daily views Median (min-max)	Daily comments Median (min-max)	Total likes Median (min-max)
Academic/University	4 (3-5)**	4 (4-5)**	1508 (212-13324)	2 (0-1214)	16 (0-5900)
Physician	4 (3-5)**	4 (3-5)**	822 (31-60000)**	1 (0-247)**	5 (0-554)
Non-physician healthcare professionals	3 (3-4)**	3 (3-4)**	6107 (313-8342)	9 (0-78)	52 (0-73)
TV-Journalist (Investigative)	2 (1-3)	2 (1-3)	11668 (178-844143)	30 (0-1187)	32 (0-4500)
YouTuber	2 (1-3)	2 (1-3)	15000 (118-284000)	53 (0-334)	94 (0-1100)
Web site	3 (1-4)	3.5 (1-4)	368 (42-325000)**	0 (0-1214)**	8 (0-5900)
p*	<0.001	<0.001	0.090	0.038	0.210

*Kruskal-Wallis Test, ** Categories showing significance in the post hoc test, **min: minimum, max: maximum, GQS: Global quality scale DS: The modified DISCERN scale.

Table 4. DISCERN score, total views, total comments, and like counts by video quality.

Video quality	DS Median (min-max)	Total views Median (min-max)	Total comments Median (min-max)	Total like Median (min-max)
Low quality (n=43)	1 (1-2)**	16.968 (118-844.143)**	146 (0-1.214)**	333 (0-5.900)**
Moderate quality (n=24)	3 (3-4)**	466 (64-284.000)	0 (0-99)	6 (0-203)
Good/excellent (n=16)	4 (4-5)**	1.355 (31-60.000)	2 (0-247)	7 (0-554)
p*	<0.001	<0.001	<0.001	<0.001

*Kruskal-Wallis Test, ** Categories showing significance in the post hoc test, ***min: minimum, max: maximum, DS: The modified DISCERN scale.

The intergroup correlations between video popularity (total views, total likes, and total comments) and GQS and DISCERN scale scores were examined. In contrast, mean GQS and DISCERN scores showed a statistically significant positive correlation with each other (p<0.001, r=0.935). Positive correlation was observed between total likes and both total comments and total views. Additionally, total comment count was significantly and positively correlated with total view count (**Table 5**).

Table 5. Correlation analysis between the total number of views, likes, and comments of the videos included in the study and the mean GQS scores and mean DISCERN scores

Groups	r*	p*
GQS – DISCERN	0.935	<0.001
Total Likes – Total Comments	0.872	<0.001
Total Likes – Total Views	0.417	<0.001
Total Comments – Total Views	0.489	<0.001

*Spearman Correlation Analysis

DISCUSSION

The twenty-first century is characterized by the integration of digital technologies into everyday life, accompanied by a rapid global expansion of internet use. Owing to its free accessibility and capacity to reach large audiences, YouTube has become one of the most widely used video-sharing platforms in the digital environment. Particularly during and after pandemics associated with substantial global morbidity and mortality, individuals' need for rapid and convenient access to information has intensified, leading to a marked shift toward digital media. In this context, parallel to the increase in internet use, YouTube is increasingly being utilized as a source for accessing health-related and medical information.

The presence of medical content on YouTube does not imply that all uploaded videos are of high quality or provide reliable information. Alongside useful, scientifically grounded content, the platform simultaneously hosts videos with insufficient quality or misleading information. The widespread availability of low-quality or inaccurate content may facilitate the circulation of misinformation within society, negatively affecting health literacy and potentially increasing levels of anxiety and panic among individuals. In this context, we believe that the systematic screening and evaluation of YouTube-based information related to heel prick testing an issue that is frequently searched for and widely debated by the public may offer important contributions from a public health perspective.

The findings of our study indicate that a substantial proportion of videos addressing heel prick test refusal, mandatory newborn screening programs, and so-called "heel prick test myths" are of low to moderate quality. In contrast, high-quality content was predominantly produced by academic/university-based institutions and physicians. Videos created by television journalists and YouTubers were found to be mainly classified within the low-quality category.

Based on the GQS scoring, slightly more than half of the analyzed videos (51.8%, n=43) were classified as high quality, while the remaining videos were grouped into the moderate (28.9%, n=24) and low (19.3%, n=16) quality categories. Although the number of studies in this field is limited, our findings differ from those reported in previously published research. For instance, Nicholas et al. reported that only a small proportion (16%) of the videos they analyzed met high-quality criteria (15). Similarly, the findings of Villafañe and colleagues demonstrated that the majority of video content lacked an adequate level of evidence (16). In line with these results, Erdoğan et al., in a study conducted during the pandemic period, reported that most videos were categorized as low or moderate quality (17). Taken together, these studies suggest that although approximately half of the heel prick–related content available on YouTube meets scientific quality standards, videos of low to moderate quality receive greater engagement when considered from a quantitative perspective.

In our study, video quality was found to be closely associated with the characteristics of the content creator. While content produced by academicians/universities and physicians was predominantly classified as high quality, the majority of videos created by television/journalist sources and individual content creators were categorized as low quality. This finding is generally consistent with the results reported by Bora et al., who identified universities as the primary source of high-quality video content. However, their study also reported that television- and journalist-based videos were included in the high-quality category, which differs from the findings of the present study (18).

These findings indicate that, when YouTube is evaluated as a source of medical information, the identity of the content producer constitutes a key determinant of content quality. Although videos produced by academic institutions, physicians, and non-physician healthcare professionals tend to demonstrate relatively higher quality, their limited number restricts the overall visibility and dissemination of evidence-based medical information on the platform.

Another important observation of this study is that low- and medium-quality videos are not negligible in number and often achieve high view counts, highlighting their substantial potential to reach wide audiences. Previous studies have similarly reported that lower-quality content may attain greater visibility and higher viewing rates, thereby supporting our hypothesis (18,19).

In our study, the relatively high numbers of total likes and comments observed in videos classified within the low-quality group were considered a noteworthy finding. This suggests that, in content related to heel-prick screening, videos with lower quality levels may achieve greater visibility in terms of user engagement. However, this increase in engagement appears to be influenced less by a direct causal relationship between content quality and viewer preferences and more by factors such as presentation style, accessibility, and attention-grabbing features. Nevertheless, the high level of interaction received by low-quality content should be regarded as an important public health concern, given the risk that incomplete or misleading information may reach wider audiences.

Study Limitations

This study has several limitations that should be acknowledged. Although all videos were independently evaluated by more than one physician, a certain degree of subjectivity in content assessment was unavoidable. The analysis was restricted to the first 60 videos retrieved at the time of data collection; therefore, changes in video availability, view counts, and engagement metrics over time due to YouTube's dynamic and algorithm-driven structure may influence the reproducibility of the findings. In addition, the inclusion of only Turkish-language videos and the relatively limited sample size constrain the generalizability of the results to other populations and cultural contexts. Finally, while search histories were cleared to minimize personalization effects, the potential impact of algorithmic bias cannot be completely excluded.

From a pediatric practice and health communication perspective, these findings highlight several practical implications. First, pediatricians and family physicians should proactively address common misconceptions regarding newborn screening during routine antenatal and postnatal counseling, particularly in settings where digital misinformation is prevalent. Second, academic institutions and professional medical organizations may consider developing accessible, evidence-based audiovisual materials tailored to parental concerns and disseminating them through widely used digital platforms. Third, strengthening digital health literacy among parents by encouraging critical appraisal of online content and emphasizing source credibility may help mitigate the influence of misleading narratives. Such strategies may contribute to reinforcing trust in newborn screening programs and supporting informed decision-making within pediatric care.

CONCLUSION

This study demonstrates that a substantial proportion of YouTube videos addressing heel prick test refusal, mandatory newborn screening programs, and the so-called "heel prick test myth" lack adequate quality and evidence-based content, while high-quality videos remain limited in number. These findings indicate a significant gap in the reliability of digital information on sensitive public health issues and underscore the need to increase the visibility of scientifically grounded, expert-produced digital content to counter misinformation and support informed parental decision-making.

ETHICAL DECLARATIONS

Ethics Committee Approval: Our study evaluated publicly available videos on YouTube. No humans or animals were involved in the study. Therefore, no ethical committee approval was required.
Informed Consent: Written informed consent was not required.
Referee Evaluation Process: Externally peer-reviewed.
Conflict of Interest Statement: The authors have no conflicts of interest to declare.
Financial Disclosure: The authors declared that this study has received no financial support.
Author Contributions: All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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