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Health Information Seeking Behavior and its Determinants on Social Media: The Case of American Adults

Sosyal Medyada Sağlık Bilgisi Arama Davranışı ve Belirleyicileri: Amerikalı Yetişkinler Örneği

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* The summary of this study was presented as an oral presentation at the 9th International Congress on Health Sciences and Management held in Istanbul/Türkiye on 23-25 May 2024.

ABSTRACT

Aim: *One of the active areas of use of social media is support, advice and information search on health-related issues. The aim of this study is to reveal health-seeking behavior via social media.*

Material and Method: *This cross-sectional study was conducted by the National Cancer Institute (NCI) with 7,000 data collected by the Health Sciences National Trends Survey (HINTS) in the USA between March 7 and November 8, 2022 complies with the STROBE guideline. T-test and ANOVA analysis was conducted. Jamovi was used for analysis.*

Results: *The variables of gender, sending a message to a healthcare provider, looking at online test results, and volunteering to share health data with healthcare providers were not statistically significant, but the variables such as searching for health information online, making an appointment online, owning a wearable health device, and volunteering to share health data with family and friends, sharing health data with physicians through electronic devices, income, and education are statistically significant.*

Conclusion: *Social media can be easily accessed by everyone. Therefore, it is extremely convenient and easily accessible in terms of health information search behavior. However, despite this advantage, it also needs to be constantly monitored in terms of information pollution and false and misleading information.*

Keywords*: Health informatics, Health information needs, Health information seeking behavior, Health management, Social media*

ÖZET

Amaç: *Sosyal medyanın aktif kullanım alanlarından biri sağlıkla ilgili konularda destek, tavsiye ve bilgi aramadır. Bu çalışmanın amacı sosyal medya aracılığıyla sağlık arama davranışını ortaya çıkarmaktır.*

Gereç ve Yöntem*: Bu kesitsel çalışma, Ulusal Kanser Enstitüsü (NCI) tarafından 7 Mart- 8 Kasım 2022 tarihleri arasında ABD'de Sağlık Bilimleri Ulusal Eğilimler Anketi (HINTS) tarafından toplanan 7.000 veri ile STROBE kılavuzuna uygun olarak yürütülmüştür. T-testi ve ANOVA analizi yapılmıştır. Analizler için Jamovi kullanılmıştır.*

Bulgular: *Cinsiyet, sağlık hizmeti sağlayıcısına mesaj gönderme, çevrimiçi test sonuçlarına bakma ve sağlık verilerini sağlık hizmeti sağlayıcılarıyla paylaşmaya gönüllü olma değişkenleri istatistiksel olarak anlamlı değildi, ancak çevrimiçi sağlık bilgisi arama, çevrimiçi randevu alma, giyilebilir bir sağlık cihazına sahip olma ve sağlık verilerini aile ve arkadaşlarla paylaşmaya gönüllü olma, elektronik cihazlar aracılığıyla sağlık verilerini doktorlarla paylaşma, gelir ve eğitim gibi değişkenler istatistiksel olarak anlamlıydı.*

Sonuç: *Sosyal medya herkes tarafından kolayca erişilebilir. Bu nedenle sağlık bilgisi arama davranışı açısından son derece kullanışlı ve kolay erişilebilirdir. Ancak bu avantajına rağmen bilgi kirliliği, yanlış ve yanıltıcı bilgiler açısından sürekli olarak izlenmesi gerekir.*

Anahtar kelimeler: *Sağlık bilgisi arama davranışı, Sağlık bilişimi, Sağlık bilgisi ihtiyacı, Sosyal medya, Sağlık yönetimi*

INTRODUCTION

Social media, which has been used very effectively in all kinds of issues that concern society in recent years and is a phenomenon that attracts the masses, can be defined as digital tools and platforms that allow individuals to create, share and communicate with others online. These digital tools and platforms provide a medium where social media users can establish connections with others, watch, process and produce content, search and share information, and exchange ideas with different individuals and communities. In light of this information, the main purpose of social media is to provide channels for users to socialize, communicate and access information in a digital environment (Gazi et al., 2024; Lin, 2022).

Although the primary purpose of social media is to be a platform where individuals can spend time, produce and share content, or follow and watch content produced by others, it actually has many areas of use and functions. Although the primary purpose of social media is to be a platform where individuals can spend time, produce and share content, or follow and watch content produced by others, it actually has many areas of use and functions. When the areas of use and functions of social media are examined, it is seen that social media directly or indirectly affects many areas. The most important of these areas are communication channels, marketing and advertising activities, education and training activities, entertainment and tourism, news and current events, social activism and information sharing (Appel et al., 2020; Bleier et al., 2024).

Social media primarily allows users to communicate with their relatives, friends, families, colleagues and even users they do not know. This communication mobility includes features such as instant messaging, video calling and group chat (Sherman et al., 2013).

One of the important areas of use of social media is marketing and advertising activities, which have been used a lot lately. Both social media influencers and businesses use social media to promote their products and services, increase brand awareness and strengthen customer relations. In particular, advertising and campaign-based effective content with a certain target audience or that affects everyone virally has become an important part of marketing strategies. Another area where social media is used is education and training activities. These activities include information sharing, student interactions and distance education processes, individual and collective online courses, educational videos and virtual classrooms, both by individual trainers and corporate training centers. Perhaps one of the areas where social media is used the most is the entertainment area. Because social media platforms are a platform shaped to meet the entertainment desires and wishes of users by allowing them to access entertaining content, watch videos, play games and join communities according to their interests (Gazi et al., 2024; Jamil et al., 2022; Jarrar et al., 2020; Lin, 2022).

There are now profiles belonging to almost every kind of media and news source on social media. Users can instantly follow current local and global news through these profiles. This allows even the smallest news to be read and known by everyone within hours. Thanks to these media platforms that are shared and followed instantly, users can comment on news and events, provide support or express opposing views (Wilding et al., 2018). Another area where social media platforms are used is social activism activities. Social media helps spread social movements and campaigns. Users use social media to raise awareness, gather support, and take action for change (De Choudhury et al., 2016).

In all of the areas of use of social media described so far, the purpose is actually to share information and to spread this information to the masses. Based on this information, perhaps one of the most common purposes of social media is to provide information to its users on different topics. Because thanks to the information sharing of social media, all kinds of current news, articles, videos, etc. on scientific knowledge, education, life, nature, politics, and health are rapidly disseminated to the masses. As can be seen, it is possible to see the functions of social media in almost every field. One of these functions and the one that reveals the importance of the current study is the function of social media regarding health-seeking behavior.

With social media entering our lives, a lot of information is searched there. The most important of this information is health information. Social media channels are now platforms where individuals search for health information (AlMuammar et al., 2021; Kanchan & Gaidhane, 2023; Kington et al., 2021; Lim et al., 2022; Zhao & Zhang, 2017). The importance of social media,

which is one of the places where health-seeking behavior is exhibited, is increasing day by day. With the spread of technology, people actively use social media to communicate, do business and search for information on any subject. One of the active areas of use of social media is support, advice and information search on health-related issues (Chen & Wang, 2021; Hagg et al., 2018; Roy & Jessica, 2023). This phenomenon, where individuals engage in social media for their health, has brought a new field of study to the agenda. This new field of study can be expressed as health-seeking behavior on social media.

Health-seeking behavior consists of individuals' decisions to search for and compare different treatment options while obtaining the health services they need, to resolve their concerns about their health conditions, and to take actions and efforts regarding these two situations (Mackian, 2002). With these decisions being made on social media platforms, the behavior of seeking health on social media has been brought to the agenda. Health care behavior on social media facilitates both expert advice and sharing by peers who are not experts in the subject, access to information compiled from individual experiences or shares, or participation in groups where this information is shared. This enables individuals to search for health on social media (Engebretsen, 2024; Ventola, 2014).

People constantly want to make the best choice by searching for information to improve their health and regain their deteriorated health status. This situation drives people to search for information. This information research is carried out through social media platforms, which have become more easily accessible in recent years (Jeyaraman et al., 2023). Because social media has embodied people's wishes and desires in the field of health, as in every field. The fact that health information search behavior is carried out through social media shows that although the presentation is made with intense effort, health information can be shaped by technology and transferred through these social media channels (AlMuammar et al., 2021; Silver & Johnson, 2023; Ventola, 2014). Because social media facilitates access to health information by providing individuals with information about their health-related medical conditions, different treatment options and different experiences regarding lifestyle. Moreover, it enables individuals with similar health problems to come together on the same online platforms and share health concerns and experiences (Zhou et al., 2018).

It is thought that it is extremely important to reveal the search for health information on social media channels and the factors that affect this behavior. Because revealing the motivation behind health-seeking behaviors on social media is valuable in terms of both understanding the factors affecting individuals' health behavior and providing evidence to politicians. Because in today's digital age, individuals' information seeking behavior and the channels where this information is sought have changed as a result of technological use (Tubachi, 2018). It is extremely important to reveal the variables behind the changing patterns of healthcare information research and to shed light on the structures behind these changing trends.

Despite this importance, it is seen that the studies revealing the search for health information on social media and the determinants affecting this search decision are limited, mostly associated with the COVID-19 period, conducted with a smaller sample group than the current study, and most of them were conducted outside the USA, where the current study was conducted (Alkhatlan et al., 2018; Amin & Mohd Nazan, 2022; Çağatay et al., 2023; Can et al., 2014; Link et al., 2021; Ng et al., 2018; Özdemir & Arpacıoğlu, 2020; Şahin & Ayaz, 2021; Wang et al., 2019; X. Zhang et al., 2022, 2022; Y. Zhang et al., 2023). The limited literature on health information seeking behavior on social media and its determinants shows the importance of motivation in conducting this study. With this importance, it is expected that the current study will contribute to the literature, guide health entrepreneurs and most importantly provide evidence on the changing tendencies of patients.

The main problem of the current study is what is the role of social media platforms in health information seeking behavior and what are the individual, social and technological determinants affecting this behavior? The aim of this research is to reveal the health information seeking on social media and the determinants affecting this search decision. Along with this main purpose, the findings obtained from the research also have sub-purposes aimed at revealing information about how and in what way people search for the health information they need on social media, the effect of health searches on individual health outcomes and the potential effect on public health policies. It is expected that the realization of these

main purpose and sub-purposes will contribute to the implementation of evidence-based policies aimed at disseminating all kinds of information about health services through social media tools and making them accessible in a way that the public can understand.

Literature Review

It is thought that providing brief information about some important studies in the literature on the subject is important both in terms of revealing the current status of the subject and revealing the reasons for conducting the current study. When the studies conducted in this context are examined, it is determined that the relevant subject has been addressed more during the COVID-19 period, the subject is generalizable but conducted with a small sample group, and the majority of them were conducted outside the USA.

A study conducted by Alkhatlan et al. (2018) on the subject aims to determine the rate at which patients obtain health-related information via the internet and the factors that may affect the use of the internet to search for health information. The study was conducted as a cross-sectional study with 220 participants in six different hospitals in Kuwait. According to the findings of this study, it was reported that the majority of the participants used the internet for one or more purposes, and more than half of the participants used the internet to obtain health-related information.

According to the results of the study conducted by Amin & Mohd Nazan, (2022) with 705 Malaysian adults to determine the factors affecting health-seeking behavior on social media, it was determined that perceived benefit, perceived risk and perceived usefulness affect individuals' health-seeking behavior on social media. Another study conducted on the subject was conducted by Çağatay et al. (2023). This study, which examined the online health-seeking behavior of university students according to demographic characteristics, was conducted in the Kastamonu province of Türkiye. According to this study, it was seen that female students made more online health searches than male students. According to a study conducted by Can et al. (2014) by examining the information content of some websites where health information was shared according to certain keywords, it was seen that more than 90% of the information examined was not based on scientific evidence.

According to the comparative study conducted by Link et al. (2021) with German, Swedish, Dutch and Austrian data, it was determined that the duration, method and platform of health information-seeking behavior differed. Ng et al. (2018) conducted a study to determine the factors affecting the internet search behavior of 370 Malaysian young adults, and it shows that health awareness, perceived seriousness, perceived sensitivity and perceived usefulness are the factors that strengthen young adults' search for digital health information.

Özdemir & Arpacıoğlu (2020) conducted a study with 1020 people examining the relationship between social media use and health perception and health-seeking behavior after the coronavirus outbreak, and it was determined that individuals who spent more time on social media had higher fear. According to a study by Şahin & Ayaz (2021) examining 600 different Facebook comments and content, inferences were reported on how individuals' health-seeking behavior was reflected in COVID-19-related groups. According to the reported information, it was observed that the participants mostly made wishes and requests or provided information about the treatment process.

Wang et al., (2019) found that perceived cost and health anxiety have a weak effect on online health seeking behavior, while subjective norm, perceived usefulness, and attitude have a strong positive effect. X. Zhang et al. (2022) found that emotional arousal and self-efficacy have a significant positive effect on the health information seeking behavior of social media users according to the results of a study conducted with 219 people to investigate the factors affecting the health information seeking behavior of social media users in the context of COVID-19. According to a study conducted by Y. Zhang et al. (2023) with older people on technology use and health seeking behavior, although the outbreak of the COVID-19 pandemic has led to some changes in the well-being of older adults, it has been found that it has accelerated the adoption of telehealth as a complement to access to health services, and older adults have facilitated their health seeking and paid attention to different issues when choosing technologies to meet their health needs.

MATERIALS AND METHODS

Research Type

This cross-sectional study has a relational

screening model, one of the causal comparisons of quantitative studies. It complies with the STROBE guideline used in reporting cross-sectional studies.

Study Population and Sample

This study was conducted by the National Cancer Institute (NCI) with data from 7,000 people collected by the Health Sciences National Trends Survey (HINTS) conducted in the USA between March 7 and November 8, 2022 (National Center for Health Statistics, 2023).

Participants

Participants are participants in the HINTS study conducted by NCI, who are 18 years of age and older and are not hospitalized in any healthcare institution, living in the United States (National Center for Health Statistics, 2023).

Sample Size and Sampling

The HINTS 6 study, conducted in the USA, used two different sampling strategies. The first of these two sampling strategies was a stratified sampling from the housing file. Later, one adult was selected from each household, reaching a total size of 7,000 people (National Center for Health Statistics, 2023).

Data Collecting Tools

The data used for this study are the data of the relevant questions and variables in HINTS 6. No study has yet been conducted on HINTS 6 data. However, many studies have been conducted with data obtained from HINTS 5 and lower-level HINTS surveys. Not all of these studies are related to health-seeking behavior on social media. For related studies, please see (National Center for Health Statistics, 2025).

Data were collected using the HINTS 6 survey administered by the NCI. HINTS 6 survey is a questionnaire consisting of many sections. In this study, only the following sections of HINTS 6 survey were used (National Center for Health Statistics, 2023).

Participant Profile: Questions regarding participant demographics in the HINTS 6 survey include gender, education, marital status, education level, and income (National Center for Health Statistics, 2023).

Using the internet to find information: In this section, the health information seeking behavior scale on social media was used as a continuous variable. This scale is a measurement tool consisting of 4 questions with a 4-point Likert type (1=Strongly agree, 2=Somewhat agree, 3=Somewhat disagree, 4=Strongly disagree). The health information seeking behavior scale on social media is a questionnaire that has been validated and reliabilited by the NCI. Cronbach's alpha coefficient was reported as the reliability value for the health information seeking scale on social media included in HINTS 6 and used for this study. According to this report value, the Cronbach's alpha coefficient for the health information seeking scale on social media was determined as 0.798. Accordingly, it was observed that the Cronbach's alpha coefficient of the relevant scale was higher than the threshold value of 0.70. Therefore, it can be stated that the relevant scale is quite reliable. For detailed information on the HINTS 6 methodology, please see (National Center for Health Statistics, 2023). High scores from this measurement tool indicate high scores for health information seeking behavior on social media. Similarly, low scores from the scale indicate low scores for health information seeking behavior on social media (National Center for Health Statistics, 2023).

Ethical Considerations

This study was conducted using secondary data obtained from a survey conducted in the USA. Therefore, ethical approval was not received.

Data Analysis

Frequency and percentage values were used to report discrete variables. In order to reveal the difference in Health Information Seeking Behavior Scale between groups, t-test was conducted in pairs and ANOVA analysis was conducted in groups of more than two. In order to detect the differences reported in the ANOVA analysis, the Games-Howell test, which is one of the Post Hoc tests and can be used when the assumption of homogeneity of variances is violated, was applied (Games & Howell, 1976). All analyses performed a two-sided p-value < 0.05 at a 95% confidence level with Jamovi Version 2.4 computer software (R Core Team, 2022; The jamovi project, 2023). The reason why Jamovi Version 2.4 was used for the analyses in the study is that it is a popular program recently, it is free, and has a user-friendly interface, and it can reliably perform complicated analyses because it is R-based.

RESULTS

When Table 1 was examined, it was determined that the participants were predominantly female and the majority were married. It is seen that almost half of the participants live a comfortable life with their current income and very few of the participants had less than 8 years of education (Table 1).

Table 1. Findings Regarding Participants' Demographics

Varibables		n	%
Gender	Male	1716	38.1 %
	Female	2787	61.9 %
Marital Status	Married	2624	45.0 %
	Living with a married or romantic partner	373	6.4 %
	Divorced	939	16.1 %
	Widow	646	11.1 %
	Divided	136	2.3 %
	Single, never married	1119	19.2 %
Income	Living comfortably on current income	2518	43.7 %
	Living off current income	2140	37.1 %
	Struggling with current income	763	13.2 %
	Having a hard time with current income	346	6.0 %
Education	less than 8 years	116	2.0 %
	8-11 years	271	4.6 %
	12 years or completed high school	1068	18.3 %
	Post-secondary education outside university (vocational…)	433	7.4 %
	Associate degree	1239	21.2 %
	Graduated from a Universty	1613	27.6 %
	Postgraduate	1108	18.9 %

When the internet and technological device usage status of the participants was examined, it was seen that almost 90% of them used the internet and searched for health information on the internet. In addition, it was determined that the majority of participants made online appointments, sent messages to the health provider, and viewed their health results online. A very small portion of the participants stated that they do not trust online health-related information (Table 2).

Table 2. Findings of Participants' Internet and Technological Device Use

Varibables		N	%
Using internet	Yes	4318	89.7 %
	No	494	10.3 %
Right from the internet. know. call	Yes	3753	87.5 %
	No	534	12.5 %
Right. send message to server	Yes	2888	67.5 %
	No	1392	32.5 %
View test results online	Yes	3211	75.1 %
	No	1065	24.9 %
Creating an online appointment	Yes	2867	66.9 %
	No	1421	33.1 %
Trust in online health information	I trust completely	614	12.9 %
	I trust so much	1726	36.3 %
	Sometimes I trust	1880	39.5 %
	I trust a little	395	8.3 %
	I don't trust at all	142	3.0 %
Electronic device owned	Tablet or computer only	155	3.3 %
	Smartphone only	1510	31.7 %
	Simple mobile phone	175	3.7 %
	Multiple devices	2920	61.3 %
Downloading or owning a health app on a computer or phone in the last 12 months	Yes	2693	59.2 %
	No	1400	30.8 %
	I don't have	457	10.0 %
Owning a wearable health device	Yes	1850	38.5 %
	No	2961	61.5 %
Frequency of monitoring your health from a wearable health device in the past month	Every day	800	43.5 %
	Almost every day	498	27.1 %
	1-2 times per week	207	11.3 %
	Less than once a week	145	7.9 %
	I did not use a health device last month	190	10.3 %
Willingness to share health data with health providers	Yes	1446	78.5 %
	No	396	21.5 %
Willingness to share health data with friends or family	Yes	1166	63.5 %
	No	671	36.5 %
Sharing health information with the physician via electronic device	Yes	1012	22.2 %
	No	3544	77.8 %

It was observed that the majority of participants own at least one or more electronic devices and have downloaded health-related applications to these devices, but a smaller number of participants own wearable health devices. A large portion of the participants who own wearable health devices stated that they have been monitoring their health with these devices almost every day in the last

Table 3. Participants' Social Media Usage Frequency and Beliefs Regarding Information on Social Media

Variables		N	%
Visit social media	Almost every day	3127	65.3 %
	At least once a week	671	14.0 %
	Several times a month	394	8.2 %
	Less than once a month	268	5.6 %
	None	332	6.9 %
Sharing personal health information on social media	Almost every day	56	1.2 %
	At least once a week	69	1.5 %
	Several times a month	162	3.4 %
	Less than once a month	580	12.2 %
	None	3889	81.8 %
Sharing general health information on social media (e.g. article)	Almost every day	55	1.1 %
	At least once a week	130	2.7 %
	Several times a month	388	8.1 %
	Less than once a month	1182	24.7 %
	None	3029	63.3 %
Contacting people with similar health problems on social media	Almost every day	71	1.5 %
	At least once a week	131	2.7 %
	Several times a month	289	6.0 %
	Less than once a month	743	15.5 %
	None	3554	74.2 %
Watching health-related videos on social media	Almost every day	162	3.4 %
	At least once a week	393	8.2 %
	Several times a month	987	20.6 %
	Less than once a month	1664	34.7 %
	None	1593	33.2 %
How much of the health-related information you see on social media do you think is false or misleading?	None	1681	35.2 %
	Very little	2174	45.5 %
	Some	829	17.3 %
	Most	96	2.0 %
Who is responsible for reducing false and misleading health information on social media?	News in the media	565	12.6 %
Visit social media	Social media platforms such as Facebook, Twitter or YouTube	1640	36.5 %
	State	690	15.3 %
	Individual social media users	930	20.7 %
	Health system or health care providers	674	15.0 %

month. It was observed that almost more than 60% of the participants were willing to share health data with health providers, family and friends, but almost 80% were not willing to share health information with the physician via electronic device (Table 2).

Participants' frequency of social media use and their beliefs about the information published on social media are shown in Table 3. It is seen that the majority of the participants browse social media every day and share general health content, but do not share personal health information. Although very few participants contacted people with similar health problems on social media, it was determined that relatively more people watched health-related videos on social media. The majority of participants stated that very little of the health information on social media is misleading or incorrect, and that social media platforms are responsible for this misleading or incorrect information (Table 3).

It was determined that the behavior of seeking health information on social media did not show a statistically significant difference according to gender, willingness to send messages to health providers, look at online test results and share

health data with health providers (p>0.05). On the other hand, health information seeking behavior on social media shows a statistically significant difference according to the status of searching for health information on the internet, making an online appointment, owning a wearable health device, willingness to share health data with friends or family, and sharing health information with a physician via an electronic device (p <0.05) (Table 4).

Table 5 shows the differentiation of health-seeking behavior according to some variables. Accordingly, statistically significant differences were detected (p<0.05). Those who have difficulty making ends meet with their current income, have a high level of education, do not trust online information, have a simple mobile phone, do not have any health applications on their phones or tablets, do not browse media via social media, do not share personal or general health information on social media, and have similar health problems. The health-seeking behavior on social media was found to be statistically significantly higher among those who do not communicate on social media, do not watch health-related videos on social media, and think that health-related information on social media is false or misleading (p<0.05). Post Hoc test findings regarding the variables that differed were reported (Table 5). It was found that the health-seeking behavior of individuals who had difficulty making ends meet with their current income was higher than other groups. It was observed that there was a significant difference between college graduate and post graduate according to educational status. This finding showed that the health seeking behavior scores of those in the post graduate group were higher.

Table 4. T-Test Results on Health Seeking Behavior According to Some Variables

					95% Confidence Interval					
Variables		**N**	**Mean**	**SD**	**Statistic**	**df**	**p**	**Effect Size**	**Lower**	**Upper**
Gender	Male	1716	11.8	2.20	0.900	4501	0.368	0.028	-0.033	0.088
	Woman	2787	11.7	2.22						
Searching for health information online	Yes	3753	11.7	2.15	-3.43	4285	< .001	-0.159	-0.542	-0.148
	No	534	12.0	2.30						
Sending a message to the health server	Yes	2888	11.7	2.14	-1.69	4278	0.090	-0.055	-0.259	0.0189
	No	1392	11.8	2.23						
View test results online	Yes	3211	11.7	2.15	-0.894	4274	0.371	-0.032	-0.219	0.0818
	No	1065	11.8	2.23						
Creating an online appointment	Yes	2867	11.7	2.17	-2.69	4286	0.007	-0.087	-0.328	-0.051
	No.	1421	11.8	2.18						
Owning a wearable health device	Yes	1850	11.6	2.21	9.36	3962	0.002	-0.084	-0.137	0.0327
	No	2961	11.8	2.24						
Willingness to share health data with health providers	Yes	1446	11.6	2.16	-1.50	1840	0.133	-0.085	-0.434	0.0575
	No	396	11.8	2.38						
Willingness to share health data with friends or family	Yes	1166	11.5	2.16	-3.24	1835	0.001	-0.157	-0.554	-0.136
	No	671	11.9	2.26						
Sharing health information with the physician via electronic device	Yes	1012	11.3	2.27	-6.48	4554	< .001	-0.231	-0.668	-0.358
	No	3544	11.9	2.21						

*p<0.05; **p<0.01; ***p<0.001

The health seeking behavior score of those with low confidence in health-related online information was found to be higher than other groups. The health seeking behavior score of those who had a simple mobile phone was found to be higher than those who had a smartphone or more than one device. It was observed that those who used a health-related application on their tablet or phone had a lower health-seeking behavior than those who did not use it. The health-seeking

Table 5. ANOVA Results on Health Seeking Behavior According to Some Variables

Variables		N	Mean	SD	F	p
Income	Living comfortably on current income	1909	11.9	2.19	4.08	0.007
	Living off current income	1650	11.7	2.16		
	Struggling with current income	625	11.6	2.34		
	Having a hard time with current income	281	12.0	2.35		
Education	Less than 8 years	75	12.1	3.02	2.39	0.027
	8-11 years	162	11.8	2.48		
	12 years or completed high school	712	11.9	2.36		
	Post-secondary education outside university (vocational…)	330	11.8	2.19		
	Associate degree	984	11.8	2.18		
	Graduate	1338	11.6	2.17		
	Postgraduate	907	11.9	2.11		
Trust in online health information	I trust completely	614	11.9	2.48	7.64	< .001
	I trust so much	1726	11.7	2.19		
	Sometimes I trust	1880	11.6	2.14		
	I trust a little	395	12.0	2.23		
	I don't trust at all	142	12.7	2.42		
Electronic Device Owned	Tablet or computer only	155	11.8	2.43	4.02	0.007
	Smartphone only	1510	11.7	2.24		
	Simple mobile phone	175	12.3	2.26		
	Multiple devices	2920	11.7	2.21		
Downloading or owning a health app on a computer or phone in the last 12 months	Yes	2693	11.6	2.19	8.42	< .001
	No	1400	11.9	2.26		
	I don't have	457	11.6	2.28		
Visited social media	Almost every day	3127	11.6	2.18	25.8	< .001
	At least once a week	671	11.9	2.16		
	Several times a month	394	11.9	2.33		
	Less than once a month	268	12.2	2.08		
	None	332	12.8	2.45		
Sharing personal health information on social media	Almost every day	56	9.48	2.90	45.5	< .001
	At least once a week	69	10.28	2.14		
	Several times a month	162	10.62	2.38		
	Less than once a month	580	11.14	2.16		
	None	3889	11.96	2.17		
Sharing general health information on social media (e.g. article)	Almost every day	55	9.71	3.18	65.9	< .001
	At least once a week	130	10.55	2.22		
	Several times a month	388	10.76	2.22		
	Less than once a month	1182	11.38	2.08		
	None	3029	12.13	2.18		
Contacting people with similar health problems on social media	Almost every day	71	9.99	3.00	11.9	< .001
	At least once a week	131	10.55	2.41		
	Several times a month	289	10.60	2.13		
	Less than once a month	743	11.28	2.08		
	None	3554	12.04	2.17		
Watching health-related videos on social media	Almost every day	162	10.6	2.84	72.9	< .001
	At least once a week	393	10.9	2.22		
	Several times a month	987	11.2	2.17		
	Less than once a month	1664	11.8	2.00		
	None	1593	12.4	2.23		
How much of the health-related information you see on social media do you think is false or misleading?	None	96	12.3	3.26	52.7	< .001
	Very little	829	11.4	2.36		
	Some	2174	11.5	2.16		
	Most	1681	12.3	2.08		

Note: Welch's and Wisher's; *p<0.05; **p<0.01; ***p<0.001

behavior of those who visited social media less was found to be higher than those who visited social media more. The health-seeking behavior of those who said they never share personal health information on social media was found to be higher than other groups. The health-seeking behavior of those who said they never share general health information on social media was found to be higher than other groups. Health-seeking behavior was found to be higher among those with similar health problems and those who said they communicate on social media less than once a month. Health-seeking behavior was found to be higher among those who said they do not watch health-related videos on social media. Those who have high confidence in the health-related information they see on social media are found to have higher health-seeking behavior. Health-seeking behavior was found to be lower among those who stated that the news is responsible for inaccurate or incomplete health news on social media (Table 5).

DISCUSSION

This study was conducted with the aim of identifying health-seeking behaviors on social media and the determinants affecting them. According to the results of the analysis, it was determined that there are many determinants of health seeking behavior on social media and that these determinants statistically differentiate the health seeking behavior score on social media. When these findings were examined in detail, it was seen that the variables of gender, sending a message to the health provider, looking at online test results and volunteering to share health data with health providers were not statistically significant determinants. On the other hand, searching for health information online, making an appointment online, owning a wearable health device, volunteering to share health data with family and friends, sharing health data with physicians through electronic devices, income, education, trust in information on social media, owning an electronic device, The variables of having a health application, visiting social media, sharing general and personal health information on social media, contacting people with similar health problems on social media, watching health-related videos on social media, and containing incorrect or incomplete health information on social media are statistically significant.

It was determined that gender was not a significant determinant of health-seeking behavior via social media. This finding is not compatible with the literature. Because other studies show that gender is a significant determinant of health-seeking behavior. Accordingly, it was determined that women have a more active health-seeking behavior than men (Tong et al., 2014). Another study states that women are more likely to have health-seeking behavior (Baumann et al., 2017). The differences between the results obtained from the current study and the literature may be due to cultural values, use of health technology, technological devices, etc. It is thought to be due to the fact that it varies depending on the availability of opportunities. In fact, it has been reported that men use the internet more actively than women, but women show more online health-seeking behavior (Hallyburton & Evarts, 2014).

Sending online messages to health service providers did not statistically differentiate health-seeking behavior on social media. According to literature research, it is stated that this issue is controversial. While in some studies, the online presence of health service providers affects health-seeking behavior, other studies have reported the opposite result (AlMuammar et al., 2021; Covolo et al., 2022; Liu et al., 2022; Patrick et al., 2022; Tan et al., 2020).

Viewing online test results and willingness to share health data with healthcare providers were not significant predictors of health-seeking behavior. This finding is an expected result. Because sharing health data and looking at test results online is something that people who do not engage in health-seeking behavior on social media also do. When we look at the studies related to the subject, it can be seen that this idea is supported (Thompson et al., 2016; X. Zhang et al., 2022; Y. Zhang et al., 2023).

Online health information search differentiates health information search behavior on social media. Individuals first conduct their health search behavior in online channels, and then those who need it continue this search on social media. Therefore, it is expected that those who seek health information online will also use social media to search for health information. Studies on the subject also point to similar results (Gallardo & Ebardo, 2024; Oladapo et al., 2021; X. Zhang et al., 2022; Y. Zhang et al., 2023; Zhou et al., 2018).

Online appointment making was found to be a determinant of health information seeking behavior on social media. Although this situation

has been demonstrated before by some studies, other studies have found the opposite result. There may be many reasons for this situation. In almost most of the world, it is now necessary to make an appointment online to receive health care. This shows that not every person who makes an online appointment can also search for health information on social media (Jia et al., 2021; Starcevic, 2024; Usman et al., 2024; Wang et al., 2019).

Sharing health data with physicians through electronic or wearable devices is only possible by owning these devices. Therefore, it is expected that those who own these devices will engage in health-seeking behavior on social media. This is inevitable since it is possible to access social media on most of these devices (Banerjee et al., 2017; Boyce et al., 2024; Rising et al., 2021).

Education, income and social media trust factors were found to be among the determinants of health information seeking behavior on social media. Social media is a platform that everyone can access, so in a country with health inequalities like the USA, it is expected that those with poor economic conditions will want to use social media to search for health information. However, on the other hand, it is also acceptable that those who are concerned about trusting this information want to search more (Abuduxike et al., 2019; Gallagher & Tedstone, 2009; Gallardo & Ebardo, 2024).

The majority of people who visit social media share their general and personal health information on social media and communicate with people who have similar health problems. It can be said that this situation triggers their health-seeking behavior on social media and increases their lack of knowledge by watching health-related videos on social media. Studies conducted on a similar subject have also revealed similar results (Gallardo & Ebardo, 2024). This shows that the current study contains findings that are similar to the literature in some aspects and different in others.

CONCLUSIONS

Since this study was conducted on a large sample group, it provides strong evidence for both politicians and those who provide health services or use health services in practice. The importance of this study is that it shows that governments can use this strong evidence in the actions they will take to monitor and ensure the accuracy of health-related news on social media. However, it should be noted that the current study was conducted under some limitations. Because this study was conducted using data obtained from a survey conducted only on adults in the USA. In addition, the questions in the survey were collected not specifically for one social media tool, but for all social media tools. Therefore, these findings do not take into account cultural, social, ethnic, geographical and economic differences. Therefore, although these results are valid in general, they are especially valid for the American population and all social media platforms. This weakens the generalizability of this study and prevents the study from providing information specific to specific social media tools. This limitation should be addressed in future studies and this gap in the literature should be filled. As can be seen, there are many determinants of health information seeking behavior on social media. The most important of these determinants are having an electronic device, trust in online health information, income status, downloading health-related applications, trusting social media, watching videos on social media, communicating with individuals with the same health problem on social media, and sharing general information on social media.

Focusing on these determinants, it is necessary to ensure the reliability and accuracy of health information and news published on social media platforms. Although all stakeholders have responsibilities in this regard, the greatest responsibility falls on public inspectors. Because the imperfect structure of health markets requires the necessary interventions.

Social media is a channel that everyone can easily access. Therefore, it is extremely useful and easily accessible in terms of health information search behavior. However, despite this advantage, it also needs to be constantly monitored in terms of information pollution and false and misleading information. Therefore, it is essential that health information on social media and those who provide this information pass the necessary information criteria of the state, health institutions, and professionals. These criteria can be as follows: (I) Health-related social media platforms should be examined periodically and information pollution, if any, should be eliminated. (II) Debugging health information published on social media platforms with artificial intelligence-supported applications. (III) Determining and enacting certain standards by the public for all kinds of health education, content, etc. provided

via social media. Undoubtedly, integrating these criteria into the culture, current legal system, and health system will provide more accurate results. In the future, multi-center studies should be conducted on the subject, and the generalizability of these studies should be increased by conducting studies on populations with different socioeconomic status, different ethnic groups, and cultures.

Ethics Committe Approval

Since this study was conducted on a publicly available dataset, Ethics Committee approval is not required.

Author Contributions

Idea/Concept: H.Ç.; Design: H.Ç.; Supervision/Consulting: H.Ç.; Analysis and/or Interpretation: H.Ç.; Literature Search: H.Ç.; Writing the Article: H.Ç.; Critical Review: H.Ç.

Peer-review

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Conflict of Interest

The authors have no conflict of interest to declare.

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