

**An Empirical Study on a Broadcasted Health
Program on TV and Program's Instagram
Interaction Communication**

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ABSTRACT

The advancements in informatics and internet technology have affected many other areas. Healthcare has become one of the fields that are most affected by these innovations and changes. This study falls within the scope of health communication and health literacy. The research is concerned with revealing the interaction communication between television health shows and their social media accounts from the perspective of the viewer. This study focuses on a television health show that has a role in spreading health information and that causes controversy in health communication.

The aim of this study was to question the effectiveness of the use of the Instagram account of the television show in terms of users/followers/viewers and in relation to the issues mentioned in the show. Accordingly, the study seeks an answer to the question “how do individuals use Instagram to ask questions about their own illnesses, seek solutions, and call for help” in relation to the issues mentioned in the television health show. The correlation between the television show and its social media account is examined. The television program named “Zahide Yetiş’le” is chosen for the purpose of this study, which is a popular Turkish broadcast on “Show TV” channel in the Turkish media, with a high rating among the health programs. Following the theoretical framework of the Uses and Gratifications Theory, the study conducted a face-to-face questionnaire to determine what the viewers was affected by while watching television health show and what they gained from watching it. The lack of health programs of this kind in the Turkish Republic of Northern Cyprus television broadcasts is a limitation to this study besides the pandemic situation in the due course

of this inquiry. A quantitative research method was applied to 353 samples living in Famagusta, Northern Cyprus, aged 18-65 years, who had an Instagram account, and watched the show "Zahide Yetiş'le".

The results indicate that individuals watch television health shows to obtain health information, and they follow the social media accounts of these shows to see what will happen in the next episode. In addition, it was revealed that the social media account of the show was supportive in forming motivation in individuals to watch the television show and that the participants interacted with the social media account to comment and ask questions about their and/or relative's illnesses, share their satisfaction with the guest doctor or the mentioned treatment method, and ask confidential questions through the direct message feature. According to the findings, the participants did not prefer to watch television health program for information or assistance regarding health issues before applying to a health institution or a doctor. There was no significant correlation between individuals who have to regularly take medication and treatment and healthy individuals in terms of the frequency of watching television health programs and interacting on their social media accounts. Additionally, social media networks belonging to health shows on TV do not have a high level of contribution to interpersonal communication.

Keywords: Health Literacy, Health Communication, Public Health, Social Media

ÖZ

Bilişim ve internet teknolojisindeki gelişmeler beraberinde bir çok alanı da etkilemektedir. Sağlık hizmetleri bu yeniliklerden ve değişimlerden en çok etkilenen alanlardan biri haline gelmiştir. Bu çalışma, sağlık iletişimi ve sağlık okuryazarlığı kapsamına girmektedir. Araştırma, televizyonda yayınlanan sağlık programı ile programın sosyal medya hesabı arasındaki etkileşim iletişimini izleyici perspektifinden ortaya çıkarmakla ilgilenmektedir. Bu çalışma, sağlıkla ilgili bilgilerin yayılmasında rol alan ve sağlık iletişiminde tartışmalara yol açan bir televizyon sağlık programı üzerinedir. Çalışmanın amacı, , televizyon sağlık programında bahsedilen konularla bağlantılı olarak, Instagram kullanımının televizyon programı ile ilgili iletişim etkinliğini kullanıcılar / takipçiler / izleyiciler açısından sorgulamaktır. Bu doğrultuda, çalışma bir televizyon sağlık programında bahsedilen konularla ilişkili olarak, “bireylerin kendi hastalıklarıyla ilgili soru sorma”, “çözüm arama” ve “yardım çağrısında bulunmaları” için Instagram’ı araç olarak kullanma durumları nedir sorusuna cevap aramaktadır. Televizyon programı ile onun sosyal medya uzantısı arasındaki ilişki irdelenmektedir. Bu amaca yönelik olarak, sağlık içerikli yayın yapan programlar arasından reytingi yüksek olan, Show TV ekranlarında yayınlanan “Zahide Yetiş’le” adlı program bu çalışma için seçilmiştir.

Çalışma, Kullanımlar ve Doyumlar yaklaşımının teorik çerçevesini takip ederek izleyicilerin programı izleyerek nelerden etkilendiklerini ve programı izledikten sonra edindikleri kazanımları saptayabilmek için yüz yüze anket uygulamasıyla inceleme yapmıştır. Kuzey Kıbrıs televizyonlarında sağlıkla ilgili bu tür yayın yapan programların olmaması ve çalışma sırasında ortaya çıkan pandemi durumu

araştırmanın sınırlılıklarıdır. Kuzey Kıbrıs'ın Gazimağusa ilçesinde yaşayan 18-65 yaş aralığında Instagram hesabına sahip ve Zahide Yetiş'le programını izleyen 353 örnekleme nicel araştırma yöntemi uygulanmıştır.

Çalışmanın sonuçları, bireylerin sağlık bilgisi edinmek için televizyon sağlık programlarını izlediklerini ve sağlık programlarının sosyal medya hesaplarını gelecek bölümde neler olacağını görmek için takip ettiklerini göstermektedir. Ayrıca, bireylerin televizyon sağlık programını izleme motivasyonlarının oluşmasında programın sosyal medya hesabını destekleyici olduğu ve katılımcıların televizyon sağlık programlarının sosyal medya hesapları sayesinde kendi hastalıkları ve/veya bir yakınlarının hastalığıyla ilgili konuşulduğunda anlık olarak yorum yazıp soru sorma, konuk doktorla ya da bahsedilen tedavi yöntemiyle ilgili memnuniyetlerini paylaşma, gizli sormak istedikleri bir soruyu direkt mesaj özelliği sayesinde sorma gibi etkileşimlerde buldukları ortaya çıkmıştır. Sonuçlara göre, katılımcılar herhangi bir sağlık konusuyla ilgili bilgi ve yardım almak için sağlık kuruluşuna ve doktora başvurmadan önce sağlık programlarını izlemeyi tercih etmemektedirler. Düzenli ilaç kullanmak ve tedavi olmak zorunda olan bireylerle, bir sağlık problemi olmayan bireylerin televizyon sağlık programlarını izleme sıklıkları ve televizyon sağlık programını izlemekle sosyal medya hesabında etkileşimde bulunma durumu arasında da anlamlı bir ilişki bulunmadığı bilgisine ulaşılmıştır. Buna ek olarak, televizyon sağlık programlarının sosyal medya araçlarının kişilerarası iletişime yüksek düzeyde katkısı bulunmamaktadır.

Anahtar Kelimeler: Sağlık Okuryazarlığı, Sağlık İletişimi, Halk Sağlığı, Sosyal Medya

DEDICATION

To My Family

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TABLE OF CONTENTS

ABSTRACT	iii
ÖZ	v
DEDICATION	vii
ACKNOWLEDGEMENT	viii
LIST OF TABLES	xii
1 INTRODUCTION	1
1.1 The Motivation of the Study	3
1.2 Purpose Statement	4
1.3 Aims and Objectives	4
1.4 Research Questions and Hypothesis	5
1.5 Significance of Study	6
1.6 Limitations of the Study	8
2 LITERATURE REVIEW	9
2.1 Health Communication	9
2.1.1 The Concept of Health Communication	9
2.1.1.1 The Levels of Health Communication	18
2.1.1.1.1 Interpersonal Communication	18
2.1.1.1.2 Patient-Physician Communication	20
2.1.1.1.3 Group Communication	23
2.1.1.1.4 Mass Communication	24
2.1.2 Methods Used in Health Communication	29
2.1.2.1 Social Marketing	29
2.1.2.2 Media Advocacy	32

2.1.2.3 Social Mobilization	36
2.1.3 The Roles and Effects of Mass Media in Health Communication.....	37
2.1.4 The Audience/User in Health Communication	44
2.1.5 Health Literacy in the Context of Mass Media in Health Communication.....	46
2.1.6 The Concept of Health Literacy and Its Importance	48
2.1.7 The Effect of Media on Improving Health Literacy	52
2.1.8 The Effect of Low Health Literacy on Public Health	53
2.2 Media Health Perception.....	55
2.2.1 The Concept of Media and Public Health	57
2.2.2 Media Tools	60
2.2.2.1 Television as a Media Tool	62
2.2.2.1.1 Television Health Programs and Their Effects on Public Health	64
2.2.3 The Concept and Features of Social Media as a Media Tool	68
2.2.3.1 Social Media Tools and Health 2.0.....	69
2.2.4 Use of Social Media in Health and Its Effects on Public Health	71
2.2.5 Levels of Social Media Interaction in Health Communication.....	74
2.2.5.1 Individual-Individual Interaction	74
2.2.5.2 Individual-Mass Interaction	74
2.2.5.3 Individual-Content Interaction	74
2.3 Theoretical Framework	75
2.3.1 Uses and Gratifications Theory.....	75
2.3.2 The Concept of Active Audience and Typologies of Media Use	77
3 RESEARCH METHODOLOGY	79

3.1 Research Methodology	79
3.2 Research Design.....	80
3.3 Population and Sample	82
3.4 Data Collection Instrument	82
3.5 Research Procedures	83
3.6 Reliability and Validity of Research.....	83
4 ANALYSIS AND FINDINGS.....	85
4.1 Descriptive Statistics.....	85
4.1.1 Demographic Characteristics of Respondents	85
4.1.2 Frequency Analysis Findings On Mass Media Use	95
4.1.3 The Use of Television Health Programs and Social Media Accounts and Frequency Analysis of Opinions On This Use.....	100
4.1.4 Findings Regarding the Attitude of Following Health Programs Broadcasted on Television and Following Social Media Accounts	113
4.1.5 Findings of Crosstabs Analysis.....	128
4.1.6 Research Questions and Hypotheses Testing.....	132
5 CONCLUSIONS.....	152
5.1 Summary of the Study.....	152
5.2 Conclusions of the Study	153
5.3 Theoretical Insights Drawn for the Empirical Findings of the Study	159
5.4 Recommendations for Further Research.....	161
REFERENCES.....	162
APPENDICES	197
Appendix 1: Questionnaire Form	198
Appendix 2: Reliability Statistics	213

LIST OF TABLES

Table 1: Gender.....	86
Table 2: Age.....	86
Table 3: Distribution of Education Level.....	87
Table 4: Distribution of Marital Status of the Participants	87
Table 5: Distribution of Profession	88
Table 6: Monthly Income Status (Total Household Income).....	89
Table 7: Having Children.....	90
Table 8: Do You Have a Health Problem That Requires Regular Medication and Treatment?	90
Table 9: What Is Your Illness That Requires Regular Treatment or Medication?	91
Table 10: Under What Conditions Do You Go to a Health Institution?.....	92
Table 11: What is Your Reason for Going to a Health Facility Most Recently?.....	93
Table 12: To Whom or Where Do You Consult to Get Health Information?.....	94
Table 13: What is the Mass Media You Use the Most?.....	95
Table 14: How Many Hours On Avarage Do You Watch TV Per Day?.....	96
Table 15: Do You Have Any Social Media?	97
Table 16: What is the Social Media Network You Use the Most?	97
Table 17: How Many Hours Per Day Do You Spend On Social Media?	98
Table 18: Why Do You Use Social Networks?	99
Table 19: Do You Watch Health Programs on TV?	100
Table 20: How Often Do You Watch Health Programs On TV?	101
Table 21: What Kind of Programs Do You Watch on TV to Get Information Related to Health?	102

Table 22: What Is Your Motivation/Incentives to Watch Health Programs on TV?.....	103
Table 23: Which Issues are You Interested in Health the Most?.....	104
Table 24: Do You Follow the Social Media Accounts of TV Health Programs?....	105
Table 25: Which Social Media Network Would You Prefer Following Pertaining to Health Programs?.....	106
Table 26: What is Your Motivation/Incentives for Following Social Media Accounts of Health Programs?	107
Table 27: Do You Write Comment To The Posts in Social Media Accounts of Health Programs?.....	108
Table 28: What is Your Reason to Comment on Social Media Accounts of Health Programs?	109
Table 29: In Your Opinion, Do the Social Media Accounts of Health Porgrams Affect Rating?	111
Table 30: In your Opinion, Do Health Programs Respond To The Comments On Social Media Accounts?	112
Table 31: Do Comments About Physicians, Hospitals, and Treatment Methods On Social Media Accounts of TV Health Programs Affect Your Opinions?	112
Table 32: I Watch Television Health Programs Because.....	113
Table 33: I Follow the Social Media Accounts of Television Health Shows Because:	120
Table 34: Your Gender? * Do You Watch Health Programs On TV?.....	128
Table 35: Do You Follow the Social Media Accounts of Television Health Programs? * Do You Write Comments to the Posts in Social Media Accounts of Health Programs?	129

Table 36: I Watch Television Health Programs Because Thanks to These Programs, I Can Chat With Other People About Health. * I Follow the Social Media Accounts of Television Health Programs Because I Can Communicate With People by Responding to Other Users' Comments	131
Table 37: Instagram is Supportive of Individuals' Motivation for Watching the Television Health Program	135
Table 38: Motivation of the Viewers to Interact on the Instagram Account of the Television Health Programs.	138
Table 39: The Importance of Instagram In the Individuals' Instant Communication With the Television Health Programs.	143
Table 40: Individuals Prefer Television Health Programs and Social Media Accounts Before Applying to Health Institutions or Doctors for Information and Assistance Regarding any Health Issue	144
Table 41: Do You Have a Health Problem That Requires Regular Medication and Treatment ? * How Often Do You Watch Health Programs on TV?	146
Table 42: Do You Watch Health Programs on TV? * Do You Write Comments to Posts in Social Media Accounts of Health Programs?.....	148
Table 43: The Contribution of Social Media Tools of Television Health Programs to Interpersonal Communication.....	149

Chapter 1

INRODUCTION

The desire to live a long and healthy life is one of the most important issues of 21st century medicine. Technological advancements in the field of health provide many opportunities for individuals to live longer and healthier, while the increasing population and types of disease are considered the biggest obstacles to living a long and healthy life (Doğanyigit, 2014, s. 1).

Individuals' interest and curiosity in issues of health have continued to increase since the past. Humans have always sought information about health and diseases since their existence. The technological possibilities that we have today make it easier for individuals to access health information, but the unlimited variety of information that is available also makes it easier for incorrect and incomplete health information to be spread (Müftüoğlu, 2006).

Health communication is a method for individuals to obtain information about health issues and to refresh their knowledge about diseases and treatment processes that they may encounter. Health communication consists of certain fields of study such as emphasizing important health issues, preventing diseases, improving healthcare services, and informing patients about treatment methods (Joint Committee on Terminology, 2001).

The healthcare system of our century keeps evolving from a hospital and doctor-oriented approach to rather an understanding of individual healthcare. This continues to impose some responsibilities on individuals, such as playing an active role in solving health problems, accessing necessary information, and participating in their treatment processes.

Individuals make use of mass media tools to obtain health information in addition to healthcare professionals. Certain characteristics of mass media tools such as easy, fast, and free access to information make their use even more widespread. According to Petty, Brinol and Priester (2009) mass media is very important to creating awareness about health and gaining people positive health behavior (Petty, Brinol, & Priester, 2009).

In this context, people collect information from traditional and new media tools, spread this information to each other, and show the potential to turn them into health behaviors when necessary.

Developments in communication technologies have brought along the concept of social media into our lives, eliminating geographic boundaries and allowing communication to take place instantly and interactively.

As the most talked about subject in daily life, health has managed to be the favorite subject of this new communication environment. Hence, individuals use these platforms to obtain information about health, share this information, and communicate with other people about health (Işık, 2019).

Arising from increased diversity of information, increased spread of incorrect and incomplete information is among the negative aspects of technological advancements. Spreading unreliable information by word of mouth, particularly on issues concerning health, lays the foundation for significant risks for public health. This calls for the need to improve health literacy (Sezgin, 2014, pp. 87-88).

In line with the purpose of this study, interaction communication in traditional and new media environments will be discussed based on the issues of "health communication", "health literacy", "media", and "health perception". The first chapter will deal with the concepts of health communication and health literacy, the second chapter will focus on media and health perception, and the final chapter will present information on the uses and gratifications theory used to determine individuals' use of media and their satisfaction with this use.

1.1 The Motivation of the Study

The motivation behind this study lies in my interest in medicine and health science since my childhood. After my undergraduate education on Cinema and TV, I realized that I wanted to combine my knowledge with health science. Therefore, for my master's thesis, I decided to focus on the interdisciplinary field of "Health Communication", where I could address both media and health issues. Based on my past observations, I began to pay attention to health programs on TV, which have a role in the spreading of health information. I observed these health programs for a while and realized that the presenters read the comments on the program's social media account during the broadcast. Therefore, I noticed the importance of the social media connections of television health programs in obtaining health information.

To further examine this, I looked for the program with the highest ratings and found that it was "Zahide Yetiş'le" broadcast on Show TV. I found that, during the broadcast, the presenter included the interactions of their audience from the program's official Instagram account, and even forwarded their questions to the guest expert.

Therefore, I decided to review the program's official Instagram account to analyze their social media reflection. In my observations on the program's Instagram account, I determined that individuals interacted with the posts to get information about diseases or to share their experiences on the subject.

In this context, I began my works thinking that this study would allow me to reveal the relationship between health programs on television, with a key role in the formation of health perception, and their social media accounts.

1.2 Purpose Statement

This thesis focuses on the relationship between traditional media and social media through the case of a television health show, a tool for delivering health information to society. The purpose is to reveal the interaction communication between television health programs, which have a crucial role in spreading health information, and their social media accounts. In line with this purpose, I conducted an empirical study on the attitudes and behaviors of the audience/users.

The research will reveal situations where individuals use Instagram as a tool to “ask questions about diseases”, “look for solutions”, and “call for help”.

1.3 Aims and Objectives

This study will examine the relationship between traditional media and social media through a television health program, which mediates the formation of health

perception. The study lies within the scope of Public Health and Health Literacy. The main purpose of this thesis is to reveal the interaction communication between television health programs, which have a crucial role in spreading health information, and their social media accounts. Therefore, I conducted an empirical study on the attitudes and behaviors of the viewers/users. This thesis will reveal situations where individuals use Instagram to "ask questions about diseases", "look for solutions", and "call for help". The study primarily aims to determine the reason for individuals living in Northern Cyprus to watch television health programs and the satisfaction of this interaction, along with an analysis of the reason and gratification regarding using social media. Then, it is aimed to identify the motivations of interacting with the program's social media account. Based on these objectives, this study will examine the impact of the interaction communication between the health program and their social media account in the context of public health and health literacy.

1.4 Research Questions and Hypothesis

RQ1: What are the reasons and gratification regarding individuals watching the health programs broadcast on television?

RQ2: What are the reasons and gratification regarding viewers using the television health program's social media account?

RQ3: What are the motivations for the viewers to interact with the television health program's Instagram account?

The hypotheses below are formulated based on the Uses and Gratification Theory by Katz, Blumler, and Gurevitch (1974), the Transactional Model of Interpersonal Communication (Barnlund, 1962), and the findings of previous studies

on the relationship between traditional media and social media within health communication.

H1: Individuals watch television health programs to get information about health.

H2: Instagram is supportive of individuals' motivation for watching the television health program.

H3: Instagram is an important tool for individuals to establish instant communication with the television health program.

H4: Individuals prefer television health programs and social media accounts before applying to health institutions or doctors for information and assistance regarding any health issue.

H5: Individuals who have to regularly use medications and receive treatments watch television health programs more than individuals without health problems.

H6: Individuals who watch the television health program interact with the program's social media account.

H7: The social media tools of television health programs contribute to interpersonal communication.

1.5 Significance of the Study

Most studies on television shows and social media within health communication have focused on the use of social media, the internet, and television to obtain health information, the role of media in developing health information, and the forms of use of social media platforms in the field of health. However, these studies have not included research to reveal the interaction communication between television health programs and their social media accounts.

This study will provide an opportunity to examine individuals' reasons and gratification regarding watching television health programs and interacting with their social media accounts for health information, and the effects of such interactions on individuals within public health and health literacy through quantitative research. There is almost a complete lack of information on communication by watching television health programs and interacting with their social media accounts to obtain health information in North Cyprus.

The findings of this study will shed light on how the new media interacts with the traditional media, and the inevitable role of television health programs and social media dynamics in spreading health information.

The results of the study will reveal the reasons behind viewers preferring television health programs and social media tools before going to a doctor or a health institution to obtain health information and to take action to solve their problem.

Learning the reasons of the audience for using the traditional and the new media to obtain health information and their habits of applying the information they receive from the programs and the program's social media account will be valuable in terms of establishing reliable digital resources on health, improving health literacy levels, and for the initiatives planned for improving public health services.

In addition, the relevant literature currently includes no study on the behaviors of people regarding watching television health shows during the Covid-19 pandemic, and their communication by interacting with the show's social media account.

1.6 Limitations of the Study

The universe of this study consists of television health shows. For the scope of the study, I chose the show named "Zahide Yetiş'le" on Show TV, which has the highest rating among television health shows. Since there are strict criteria for determining who will participate in this study, the purposeful sampling method of improbable sampling types was used. Participants consisted of 353 people aged 18-55+, residing in Famagusta, North Cyprus, watching the show "Zahide Yetiş'le", and owning an Instagram account. The reason for conducting the study in Turkish Republic of Northern Cyprus is the lack of television shows with this kind of health content.

The reason why the research was limited to the district of Famagusta was that the study period coincided with the Covid-19 pandemic. The research was originally aimed to be applied to the whole of Northern Cyprus, but due to the pandemic, it had to be limited to the district of Famagusta and the month of July.

In addition, there was an interview method planned to be used to obtain information such as the reasons for viewers applying the information they obtain from television health shows, and how the interactions on the show's social media account lead individuals to act and to which institutions, which was included in the research design prepared before the pandemic, but it was excluded from the study due to the pandemic and the study was carried out quantitatively.

Chapter 2

LITERATURE REVIEW

2.1 Health Communication

Health communication is a concept that gains increasing importance and that academic research focuses on. Health science will not suffice on its own in solving the increasing health problems of our century. Therefore, it is an important initiative to benefit from social sciences that deal with people's attitudes and behaviors. The concept of health communication is interdisciplinary, a combination of health science and communication. The role of mass media in spreading health communication is inevitable. Health literacy is needed to explain the understanding, comprehension, and application of the health information obtained by individuals through mass media. The introduction part of my study will discuss the concepts of "health communication", "mass media", and "health literacy".

2.1.1 The Concept of Health Communication

In recent years, technological advancements, scientific research, and interactions between industries in many areas have led to a blurring of interdisciplinary boundaries. Social sciences and natural sciences have also been affected by this gradual flexing of the definitive borders between scientific fields.

In the past 20-30 years, the interaction between social sciences and health sciences has increased even further due to postmodern developments. The biological aspect of medicine and health science was at the forefront at the beginning of modernism, but

their multidisciplinary aspect started to take the fore with the postmodernist approach. Becoming the center of attention for social scientists since the middle of this century, health science has begun to be addressed with its sociological and psychological aspects in addition to its biological aspect (Gürsoy, 2001).

Consisting of intertwining the concepts of health and communication, health communication is an important example of interdisciplinary interaction.

Health is the most important issue for all people in every area and period of life. Since the nature of the concept differing from culture to culture, no clear definition could be made so far. The common and universally accepted definition for this multi-definition concept is the one given by WHO (World Health Organization). According to WHO's definition of the concept of health, health is not only the absence of disease and disability, but also an individual's physical, mental, and social well-being (WHO Constitution, 1948).

While medical science focuses only on individuals' health and illnesses, social sciences also deal with their well-being.

People can express themselves in their environment through communication. Communication is a basic phenomenon in social processes. Through communication, humans maintain their existence and social relations. Individuals lacking the ability to use the symbols and actions of communication are pushed out of society and become lonely (Aziz, 2012, s. 26).

Many behaviors such as individuals getting themselves accepted into the society,

interacting with other people, and exchanging information on any subject during this interaction process occur through communication (Oskay, 1992, s. 15).

Health is undoubtedly the most talked topic in every area of life. Individuals frequently communicate with each other on health. The importance of communication for individuals to obtain correct health information and to express themselves correctly in terms of health is undeniable. Communication is used in all of these steps in our daily life, including individuals recognizing their diseases, transferring this situation to healthcare providers, and starting the treatment process (Sağlık İletişimi, 2010, p. 29).

In its simplest form, health communication is the communication that individuals establish with healthcare providers regarding health (Lupton, 1998:55). Health communication is a method for individuals to have knowledge about health issues and to refresh their knowledge about diseases and treatment processes they may encounter (Health People 2010, 2003).

Health communication was previously understood as interpersonal relationships in the realization of health care. However, to support the society, healthcare professionals, and policymakers, it has become an interdisciplinary and multidisciplinary approach aiming to influence individuals about the correct health behaviors by sharing health information, taking an active role in the health communication process, and reaching different audiences (Tabak, 2006, p. 29).

The subject of “Communication and Mental Health”, published in the Journal of Communication in 1963, has drawn the attention of researchers who wanted to focus

on new and different topics in the field of communication (2003). Thus, the foundation of an important interdisciplinary field was laid.

The field of health communication emerged in North America in 1971 (Schiavo R. , 2013, p. 10). The institution that led to the formation of health communication was the Cancer Information Service (CIS) within the National Cancer Institute (Sağlık İletişimi ve Medya, 2008, p. 41).

Researchers who wanted to focus on the fields of communication and health have established the International Communication Association's Division of Health Communication and conducted their first studies on health communication. The first study on the matter was published in Communication Yearbook 1 in 1977. A book named "Health Communication" by Kreps and Thornton in 1980 constituted a guide for this field (Ratzan , Payne, & Bishop, 1996, p. 26).

Based on these initiatives in the field, health communication has gained strength through interrelated developments. These developments were (Kar, Alcalay, & Alex, 2001, pp. 45-46) cited in (Çınarlı İ. , 2008, p. 42).

- Communication studies becoming a discipline,
- Development of research on human behaviours and understanding of interpersonal relations,
- Development of action research on global health and humanitarian services,
- Increasing public health departments in universities,
- Addressing agenda setting and disease prevention programs by non-profit organizations,

- A tremendous increase in the number of health promotion campaigns.

Health communication becoming an interdisciplinary concept and housing researchers from different disciplines have caused the concept to be defined differently by everyone.

Health communication is applying the concepts and theories of communication to the interactions and processes that occur between individuals to improve health (Schiavo R. , 2007, p. 5) cited in (Koçak & Bulduklu, 2010, p. 63).

CDC (Centers for Disease Control and Prevention), an important health institution in the States and the world, defines health communication as "the evaluation and use of communication strategies to improve health, influence public health decisions, and provide information" (Healthy People 2010, 2020, s. 11-3).

Hurrelmann; states that health communication involves the transfer and exchange of information, attitudes, and feelings between healthcare providers and patients (Okay, 2007, s. 21).

Costello (1977) interprets health communication as a process of making sense of data acquired by individuals on health issues (Costello, 1977).

Cassata (1980) defines health communication as a field that covers the functions, levels, and methods of communication practices in the field of health (Cassata, 1980). According to Kreps and Thornton (Kreps & Thornton, 1984) health communication is the interaction of people on health-related issues for any needs that may arise in

healthcare. For Reardon (1988), health communication is a process of improving health and preventing diseases through the persuasive and motivating properties of communication in order for people to have a healthier life (Reardon, 1987).

Kreps (2003) refers to health communication as the communication process that individuals conduct between themselves, among individuals, in groups, or at an institutional level. Donohew and Ray (1990) define health communication as conveying and making sense of health-related information in the communication process. According to Ratzan (1999), the concept of health communication is the delivery of health messages to be conveyed to individuals through mass media (cited in Çınarlı, 2008: 41-46; (Sezgin D. , 2011, pp. 95-96); Okay, 2007:21-34).

Health communication can be defined as spreading health information and its interpretation by individuals. Health information can be spread by a person, an institution, or by the mass media. According to (Tabak, 1999), health communication is applying the concepts and theories of communication to the interactions and processes among individuals regarding health.

Another important definition of health communication is the following by the US Department of Health and Human Services:

The technique and art of informing, influencing, and motivating individuals, institutions, and communities regarding important health issues. The scope of health communication includes disease prevention, health promotion, health service policies, and health service activities, in addition to the quality of life and the development of the health of individuals in the society (U.S. Department of Health and Human Services, 2000).

Compared to the health communication studies in the world, studies in this field in

Turkey are still quite new. Although now taught as a course in medical and health faculties in some universities in Turkey, health communication is yet to receive the attention it requires. However, the recent interest of researchers in this field increases the importance of the concept of health communication in Turkey.

Health communication has certain areas of study, including emphasizing important health issues, preventing diseases, improving health services, and informing patients about treatment methods (Becerikli, 2012, p. 164).

In addition to traditional mass media tools, health communication involves the use of new computer-based communication tools to deliver the correct health information to society. The introduction of new internet-based technologies in the field of health communication has led to an increase in studies in this field (Kreps G. , 2003, s. 610) cited in (Koçak & Bulduklu, Sağlık iletişimi, 2010, s. 68).

Being subject to important studies on the protection and development of individual health and public health, health communication involves a wide range of topics from physician-patient communication to health information obtained from mass media (Işık, 2019, pp. 23-25).

Health communication is concerned with many areas, from improving individuals' health and quality of life to structuring and organizing national and global health programs (Tabak, 1999, s. 29-30).

An important purpose of health communication is to change the wrong health information obtained by individuals for the benefit of public health (Kaya, 2014, p. 1).

Thanks to such initiatives, important steps are taken towards public health, including reducing and preventing unconscious drug use and quitting harmful habits.

Health communication is examined in terms of interpersonal communication and mass communication. Considering health communication in terms of interpersonal communication is extremely crucial for communication between patients, relatives, and healthcare personnel during healthcare processes (Kreps G. L., 2015).

Issues such as patients having difficulty expressing themselves due to their condition, experiencing communication barriers between patients and healthcare workers, and communication between patient relatives and healthcare personnel should be addressed in terms of interpersonal communication (Kreps G. L., 2015).

Considering mass media is an effective tool in spreading health information, the place and importance of mass communication in health communication are undeniable (Gautam & Kumar, 2016). It is of great importance to use communication techniques effectively to increase the awareness and self-efficacy of individuals. (Petty, Brinol, & Priester, 2009). With mass media, health information can be delivered to many people at once (Nandy & Nandy, 1997). The information and health attitudes that individuals obtain from mass media have an important effect on the development of public health (Schiavo R. , 2013, p. 23). The health behaviors expected to be shown by the society to improve health and to prevent diseases is delivered to individuals through mass media and effective communication techniques. The spread of incorrect information from the media and the formation of incorrect health perceptions pose a threat to public health.

Health communication is addressed with different contents as follows (Çınarlı İ. , 2008, s. 43):

- Communication between health personnel/patients and between health personnel (interpersonal communication in health services).
- Individuals seeking and applying health information.
- Individuals following doctor's recommendations.
- Creating public health messages.
- Spreading information about individual and social health risks (risk communication).
- Health messages in mass communication (culture in a broad sense).
- Training for patients and healthcare personnel to access public health and health protection systems (increasing communication information).
- Health information systems: With the advancements in communication technologies, innovations that began to be used within health communication in developed countries include telehealth, interactive health communication, and telemedicine.

The use of new mass media that emerged with technological advancements to provide health information to the society has made access to health information fast and inexpensive (Işık, 2019, p. 1983).

This new technology brings along many advantages such as receiving information about one's or their relatives' disease, calling for help, receiving free health information by communicating with healthcare personnel, and finding support by seeing other people with the same condition (Ventola, 2014).

Therefore, health communication contributes to many important issues such as providing health information to individuals and society, gaining correct health behaviors, developing health services, preventing diseases, and regulating health policies.

2.1.1.1 Levels of Health Communication

Health communication is a communication process directed at individuals and society to create the desired health perception and to spread health information (Okay, Sağlık İletişimi, 2007). Since health communication is a process that is implemented in common ways with different fields, it is very difficult to set clear boundaries (Sağlık İletişimi, 2010, p. 68). However, the differences in the application of health communication revealed the need to examine this subject at different levels (Schiavo R. , 2007, p. 28).

In this section, in light of the boundaries set in the literature, health communication will be discussed at the levels of interpersonal communication, physician-patient communication, group communication, and mass communication.

2.1.1.1.1 Interpersonal Communication

Interpersonal communication is defined as two or more people sending and receiving messages to and from each other (McQuail, & Windahl, 2005, p. 18). Interpersonal communication has a circular structure; therefore, the sender and the receiver can be replaced constantly.

In interpersonal communication, the opinions of the parties about each other are important. Often, communication is shaped in line with this thought or according to the thought to be achieved (Okay, 2009, s. 58).

Interpersonal communication involves individuals sharing their experiences regarding health information such as treatment, medicine, doctor, hospital, etc., making recommendations, and physician-patient communication (Tabak, 2006, p. 29).

Interpersonal communication plays a key role in changing and improving health behavior (Şengün, 2016, p. 41). Health is the most talked about and valued issue at every stage of life. Therefore, people interact by talking about health in their daily lives, social circles, or work environments. Thanks to these interactions, the health behavior of individuals and groups, and consequently of the society, is affected, thus creating an opportunity to make new health-related arrangements (Schiavo R. , 2007, p. 103).

Conveying health information and attitudes face-to-face or in a virtual environment among individuals has positive effects such as supporting people with the same disease and finding new solutions on advice. On the other hand, spreading incorrect information obtained from informal people or institutions and performing unconscious drug/treatment practices represent the negative aspects of interpersonal communication (Yıldız, 2019, p. 19).

Interpersonal health communication is a process involving mostly a two-way, verbal or non-verbal interaction between individuals and between individuals and groups, establishing a network of mutual trust, aiming to share information and attitudes. The main characteristics of interpersonal communication in health communication are: (Tabak, Sağlık İletişimi, 2003) cited in (Koçak & Bulduklu, 2010, s. 69)

The process of interpersonal communication is influenced by individuals' attitudes,

feelings, and values, the norms of the society they live in, and their environment.

- a. Interpersonal communication is significantly effective in gaining and maintaining health behavior.
- b. It is also the basic application in the execution of qualified health care.
- c. Interpersonal communication complements, supports, and strengthens messages conveyed through mass communication. Mass communication increases the effect of interpersonal communication.

The interpersonal level of health communication is the interaction of individuals with each other about health in everyday life.

2.1.1.1.2 Patient-Physician Communication

It is inevitable for patients and physicians to communicate with each other to perform health services. The communication that the physician establishes during healthcare stages, such as diagnosing the patient and starting the treatment process, is vital (Okay, 2014, p. 224).

During this process, patients should communicate in a way that facilitates the work of the physician and communicative cooperation should be established between patients and physicians.

Meeting important issues such as gratification with the health service, making the correct diagnosis and starting treatment, taking patients' recommendations into consideration and putting them into practice, explaining the situation to patients in detail, and displaying a confident attitude to patients all have a great influence on successful outcomes of health practices (Weijts, 1994).

The World Health Organization held a meeting in Genova in 1993, where they have reported that the most important step of health practices is patient-physician communication for many reasons (Bulduklu Y. , 2010, p. 111).

Honesty is an important concept in physician-patient communication. The physician must be honest when explaining the patient's condition. Giving false information to patients and hiding their real condition is against medical ethics. Another important issue that may constitute a communication barrier in physician-patient communication is for physicians to frequently use medical terminology when talking to patients. While communicating with patients, it is necessary to avoid using medical language and to express the situation in words that the individual can understand, taking into account their sociocultural characteristics (TTD , 2017).

Moreover, the respect and trust of patients towards physicians affects both the positive establishment of the patient-physician relationship and the successful outcome of the treatment process. Patient-physician communication is communication established between two people. Therefore, the patient and the physician should behave in accordance with the aim to help each other for communication, keeping in mind that both sides have human emotions (Oğuz, 1995, p. 62).

Here, as in any relationship, empathy is required to be able to communicate effectively (Korkmaz, 2017, p. 9). Failure to provide a positive communication between patients and physicians, misdiagnosis of patients, tension caused by communication barriers between patients' relatives and healthcare personnel, and delay in treatment may create important problems that will affect the lives of patients (Beşbudak, 2018, pp. 83,84).

The relationship between the patients and physicians was tried to be analyzed by EJ, Emanuel and LL, Emanuel, by dividing it into four different models. These models were defined as paternalistic, informative, interpretive, and deliberative models (Emanuel & Emanuel, 1992).

1. Paternalistic Model: This model is the patient-physician communication that guarantees the best practice for the patient's health. In connection with this, the doctor decides the necessary intervention for the patient in accordance with his/her own knowledge and informs the patient about the decision made. In this model, the doctor directs the communication, while the patient is directed (Emanuel & Emanuel, 1992, p. 2221).

The paternalist model is applied in situations that require urgent decision-making by the physician. For example, in the case of an emergency patient who is injured in an accident, the doctor must decide to save the patient's life since he/she no way to discuss the treatment process with the patient.

2. Informative Model: In this model, unlike the paternalistic model, the patient is active and has the opportunity to make decisions regarding the treatment to be applied. The doctor informs the patient in detail about his/her condition and includes the patient in the decision-making process (Emanuel & Emanuel, 1992).

3. Interpretive Model: This is a model where the parties feed each other. Here, the doctor informs the patient about his/her condition and the required treatment method, the patient is included in the decision-making process, the doctor helps interpret the

patient's requests, but the final decision is made by the patient (Emanuel & Emanuel, 1992).

4. Deliberative Model: In this model, the patient and the doctor discuss their opinions. The doctor specifies the best option for the patient and tries to convince the patient of this decision. During this process, the patient is not forced (Emanuel & Emanuel, 1992).

2.1.1.1.3 Group Communication

Since humans are social entities, they express themselves by being included in certain groups. Individuals affect each other within these groups (Okay, 2009, p. 68).

Within the scope of health communication, group communication is considered to be a process of conveying their health information, attitudes, and behaviours within a certain group. Individuals take place within the group in line with a specific purpose and desire (Tabak, Sağlık İletişimi, 2006).

Considering group communication in health communication, it is found that there are various groups, associations, and foundations established around a certain health purpose. Thanks to the communication established within these groups, people with the same disease or their relatives try to support each other by giving each other moral support (Kreps G. L., Health Communication Inquiry and Health Promotion: A State of the Art Review, 2015).

Similarly, in groups created to combat addiction and to raise awareness, the communication created by people in the same condition by interacting with each other in the treatment process is an example of group communication. Addressing these

groups from the perspective of health communication, certain target groups can be reached through these groups to achieve the desired health behaviour (Okay, 2016, s. 63).

These groups can be classified as primary and secondary. Accordingly, primary groups are family and friend environments where face-to-face communication is dominant. The relationships within this group are an important determinant of the individual's behavior based on the sociocultural structure and the norms of the group. Secondary groups are those where individuals meet their socializing needs; so, communication is rather superficial and mostly aimed at certain interests (Koçak & Bulduklu, 2010, s. 72).

Individuals increase their awareness about certain diseases and treatment methods thanks to the groups they are in and affect their treatment processes by giving moral support to each other. Thus, the information shared within the group constitutes an important step for public health as it creates awareness in individuals.

2.1.1.1.4 Mass Communication

Mass communication is transmitting messages that are intended to be delivered to the society through mass media (Özmen, 2018, p. 28). With mass communication, the basis of perceptions and behaviors desired in individuals is created (Dağtaş & Demiray, 1994, p. 8).

In the context of health communication, mass communication is used to convey health information to society and to create health perception (Gautam & Kumar, 2016).

It plays an important role especially in delivering information about health to individuals since it makes it easily accessible to a large number of people at the same time.

Although at times problematic, mass communication is the most effective way to reach the target audience. For example, it is necessary to use mass media to convey to large masses that skin cancer is increasingly dangerous or that smoking has harmful health effects (Okay & Güçdemir, 2009, s. 72).

Due to the sociocultural differences in society, the health message conveyed can be perceived differently by each individual (Beşbudak, 2018). Therefore, the language of the message should be understandable to everyone.

While interpersonal communication is an important level of health communication, its inefficiency in reaching large masses reveals the importance of mass communication (Koçak & Bulduklu, 2010, p. 73).

Messages intended to be conveyed to large masses are transmitted by mass media such as radio, television, internet, and social media. In health communication, mass media tools have certain tasks that shape and affect individuals' attitudes, behaviors, and beliefs (Matamoros, 2011, p. 399).

Today, television, a mass communication tool easily accessed by people from all walks, is a simple and inexpensive tool for conveying health information. There are some deficiencies caused by the one-way nature of communication in mass media. For example, it is not easy for an individual receiving health information from television

to instantly ask a question in their mind. The emergence of the internet and social media tools with technological advancements has caused important changes in health communication, as in every field (Luque, 2015, p. 67).

Now, people can convey their opinions and questions about the health information they obtain from television or other traditional mass media using the internet (Luque, 2015, p. 67). Thus, communication in mass media has oriented towards a two-way process.

Data that supports or questions the information obtained from traditional media can be accessed through the internet and new media tools and interactions with these tools develop the search for correct health information and an increase in health information. Due to its structure enabling to reach large masses and raise awareness about health, the use of media in health communication has attracted the attention of many scientists in this field (Dutta, 2009, p. 69).

Thanks to the mass media tools, behaviors intended for the society are conveyed to the masses and personal and social attention is increased (Cassel, Jackson, & Chevront, 1998, p. 72).

Health information and health perception conveyed to the public through mass media have aims that affect the public interest, such as increasing the health level of the society, improving health, improving and correcting health behaviors, and preventing diseases (Dorfman & Krasnow, 2014, p. 295). For example, the most effective way to reach large masses during the Covid-19 pandemic we are in right now has undoubtedly been the mass media (Utma, 2020, p. 114). In this process, each country designs its

own pandemic policy and primarily uses mass media such as television and the internet to make it available to individuals. To be able to control this pandemic, to reduce the rate of transmission, and to minimize the loss of life, the health behavior expected by people (obeying the social distance rules, staying at home, wearing masks, etc.) is delivered to everyone around the world in a short time with the effective use of mass media (Çelik, 2020, p. 21). With mass media tools, individuals can not only learn the pandemic graph of their country but can also follow the latest situation of all countries. Thus, the efforts of all countries towards improving health are achieved instantly.

According to Naidoo and Wills (Naidoo & Wills, 2000), the role of mass media in health promotion strategies is revealed as follows (as cited in Çınarlı, 2008:95-96).

- Increasing public awareness: As the mass media spreads health information, social awareness is increased by reminding the outcomes of behaviors threatening the health of the society and the benefits of adopting healthy behavior and healthy lifestyles.
- Creating an environment of discussion: Creating an agenda and policy changes by conveying messages that need to be considered and discussed.
- Trying to change attitudes and providing behavior change: The media plays an important role in health promotion by emphasizing the effects of a particular disease, the health consequences of harmful behaviors, and preventive health behavior.

When the media targets a subject to be taken into consideration by society, it gives that subject a status (Çınarlı İ. , 2008, p. 96). Hence, it makes persuasion efforts to place the subject in the consciousness of society and to apply the desired behavior. With

these persuasion efforts, the awareness of society is increased regarding the subject and the health agenda is configured (World Health Organization, 2017).

Many mass media tools have a role in health communication efforts. The most accessible of these is television. There are many ways to access health information on television (Tidwell, et al., 2019, pp. 203-204). Especially news bulletins, daytime shows, documentaries, advertisements, and public service announcements are the most common productions of health information. Of daily shows, daytime women's shows in particular produce content related to health and play an important role in spreading health information (Atabek, Atabek, & Bilge, 2013, p. 13). After a while, people often begin to internalize and apply this health information on TV. Sometimes, they can apply to medical institutions to confirm the information they obtain on TV about the symptoms of a disease. Thus, the information obtained from television is compared with what the doctor says and converted into health behavior.

Emerging with the developing technology and used actively in all areas of life, the internet is an important mass media tool. Nowadays accessible to almost everyone, the most searched topics on the internet are undoubtedly health-related issues. Individuals often use the internet to get information about any health issue (Kara, 2017, pp. 10-11). In fact, they compare the information obtained from the internet with their own symptoms to make self-diagnoses (Bulduklu & Koçak, 2010, s. 77,78).

In addition to their contributions to the development of public health, television and the internet also have important effects on the formation of individual health perception (Miles, Rapoport, Wardle, Afuape, & Duman, 2001, p. 358). In summary, mass media tools have a crucial role in health practices such as delivering health

information to society, creating individual and social health perceptions, improving health, and preventing diseases.

2.1.2 Methods Used in Health Communication

Mass media tools have an important role in creating individual and social health perceptions in health communication. There are some methods used to ensure that society adopts and implements a certain health behavior. These methods are social marketing, media advocacy, public relations, and social mobilization.

2.1.2.1 Social Marketing

Social marketing is the use of marketing techniques to gain positive health behaviors in society. Social marketing aims to provide health benefits to society (Sağlık İletişimi, 2010, p. 91). In line with this aim, it takes part in changing important health behaviors, such as preventing epidemic and infectious diseases in the society, reducing the use of harmful substances, and spreading information for early diagnosis and treatment (Tıǧlı & Günüaydın, 2002, p. 93). The main feature that distinguishes social marketing from classic marketing is the lack of any profit (Centers for Disease Control and Prevention, 2011).

The concept of social marketing was first used by Weibe (1951). Kotler and Zaltman (1971), have developed social marketing and defined the concept as the whole of efforts to increase the target audience related to any idea, to adopt and implement the idea, to use technology, and to control it to create a social impact (cited in, Bulduklu, Koçak, 2010: 91).

To raise awareness about the diseases that are becoming widespread in society and to change behaviors, the use of marketing techniques with the disciplines of communication and social psychology is called social marketing (Çınarlı İ. , 2008, s.

55). Social marketing is the application of the 4Ps of marketing on a health campaign, the variables of product, price, promotion, and place (Wallack & Dorfman, 1996, s. 155).

Blood donation campaigns constitute an example of the use of the 4Ps of marketing in health campaigns. Product is a targeted health behavior or benefits obtained as a result of this behavior. The "product" that is tried to be sold in blood donation campaigns is donating blood. Achieving this health behavior by ensuring that the individual accepts it, that is, making a blood donation, corresponds to the variable of "price", which is the time spent trying to reach the institution to donate blood. The "place" here is the institutions that will be given the blood, as it will ensure the spread of the health behavior, that is, the product. "Promotion" practices are tools through which a campaign delivers messages to individuals, such as brochures, advertisements, and billboards. Thus, the advertising tools and icons used in blood donation campaigns are the promotion activities of this campaign. (Doruk, 2018, s. 48)

The main purpose of social marketing is to shorten the distance between the consumer and health behavior, socioeconomically, politically, and psychologically. Lefebvre and Flora (1988) have mentioned eight features of social marketing applications. These are not always required to be used at the same time. These are: (Lefebvre & Flora, 1988) cited in (Çınarlı İ. , 2008, s. 56-57).

- 1. Directing consumers:** Consumers who want to be reached and affected are at the center of marketing. In the first approach, the target audience can be considered as passive and the needs of the consumer can be investigated.

In the second approach, the target audience is considered to consist of active buyers and this consumer group is contacted in time. The volunteer group is the representative of the broad mass of consumers and it is ensured that they are constantly in contact with the program preparers.

- 2. Mutually beneficial exchange:** This has originated from the Mutually Beneficial Exchange Theory of Kotler (1975). According to this theory, the person has the freedom to or not to buy a product or service. The traditional marketing method is based on exchange. The classic exchange takes place between a product or money. In social marketing in health, the cost of the consumer is to change their current behavior for better health behaviors. For those working in health promotion, the benefit can be a social benefit for the promotion of public health. For the government, the benefit here is reducing healthcare costs or lost workdays.
- 3. Target audience segmentation and analysis:** The term target audience segmentation belongs to the advertising industry. It is used to divide a wide variety of populations into more homogeneous groups. By dividing the society into segments, marketers create suitable groups and target markets to sell their products to. This segmentation is done on sociodemographic (age, gender, marital status, religion, educational status, profession, income, etc.), behavioral (using the product or service, level of physical activity, leisure time, sexual activity levels, etc.), and psychological (seeking pleasure and excitement, proving oneself, displaying a show of strength, being ready for change, etc.) variables. Segmentation can also be done to social systems (education system, health system, industry, etc.), which is called industrial segmentation.

4. **Formative research:** Some strategies are tried on focus groups that reflect the general target audience and the reactions from such trials are examined. One example is the effect of campaign slogans on a certain group.
5. **Media analysis:** This is the analysis of the communication and distribution tools used to connect with the target audience. The media habits of the target audience should be determined to convey messages through suitable channels. Some argue that the most important task of social marketing is the process of coding and transmitting messages.
6. **Marketing mix:** This is another feature where the 4Ps of traditional marketing (Product, Price, Place, Promotion) are applied.
7. **Process follow-up:** This includes the processes of activating the marketing project, communicating it to the target audience, and reporting it for future campaigns.
8. **Marketing management:** This is the gathering of the needs of the consumer and the objectives of the institution that creates the campaign. For example, product development refers to changing negative health behavior in social marketing. (such as changing the negative health behavior, behaviors towards stopping the use of harmful substances, regular blood pressure controls, etc.) (Lefebvre & Flora, 1988).

2.1.2.2 Media Advocacy

Media advocacy is the use of mass media tools to improve society and social policies (Koçak & Bulduklu, 2010, s. 93,94).

With undeniable power in influencing the masses, the media is frequently used in the field of health communication to influence policymakers, healthcare providers,

healthcare professionals, and healthcare consumers (Woodruff, Wallack, Dorfman, & Diaz, 1999, p. 3).

Media advocacy aims to draw attention to health issues and to make policymakers take action on the matter by looking out for the benefit of the society (Dorfman & Krasnow, 2014, p. 295).

Rather than try to change individuals' negative health behaviors directly, media advocacy shows this negative health behavior as a problem that threatens public health and emphasizes important changes on the matter (Brown & Walsh-Childers, 2002, p. 478). For example, instead of directly interacting with young people to change their alcohol use habits, they interact with institutions involved in the formation of this negative health behavior (Wallack & Dorfman, 1996). In this context, companies that sell alcohol to young individuals are blamed and the guilt of these companies is reflected using certain strategies through mass media.

Media advocacy draws attention to the problems in society and aims to have these problems evaluated as public policy. Other issues that media advocacy attaches importance to include social inequality of opportunity, social problems, and lack of information in the existing structures of the society (Brown & Walsh-Childers, 2002).

Media advocacy combines science and politics with social justice to make the system work better for those with limited opportunities (Çınarlı İ. , 2008, s. 60).

The target audience of media advocacy activities is policymakers. To solve a problem from its roots, policymakers must first be influenced. With this method, it is possible

to draw attention to a social problem and to develop a policy on the subject (UCLA Center for Health Policy Research, 2002, pp. 7-9).

Wallack (1996), states that new research on mass communication and public health should be used for social behavior change rather than for individual behavior change. Campaigns created for problems that will create a risk for the society and the behaviors that are intended to be individually changed should be conveyed in the media through clear, understandable, and reliable information. Media health messages are oriented towards increasing individuals' health awareness and information. The public can be included in the policy planning process by targeting further than this orientation (Wallack & Dorfman, 1996).

Media advocacy is also a form of activism. Celebrities from all over the world occasionally work as activists to draw attention to certain diseases and harmful habits using their profile as an opinion leader (Geist-Martin, Berlin Ray, & Sharf, 2002, pp. 26-29). For example, Muhammed Ali took part in certain organizations in the media to draw attention to the boxer's disease, Parkinson's, while a similar case happened in Turkey by Filiz Akin to draw attention to breast cancer, and they took activist roles in media advocacy by talking about their own diseases. Filiz Akin carried out a joint project with the *Breast Cancer Foundation of Turkey* in 2005 and took part in the "yellow bracelet" campaign. Again in 2005, she took part in important advocacy activities to inform individuals about cancer, increase their awareness, and meet the needs of cancer patients with low economic conditions (Çınarlı İ. , 2008, s. 61).

The internet and new media tools emerging with technological advancements in recent years provide an important environment for media advocacy. Offering the opportunity

to quickly and economically convey information, raise awareness, and promote health-related campaigns, internet-based technologies are also commonly used in media advocacy.

In recent years, the "Ice Bucket Challenge" campaign was launched on Facebook, Instagram, and Twitter to draw attention to ALS, raise awareness, and raise donations for the ALS Foundation. With the participation of celebrities, a total of 35 million posts were shared on social media with the hashtag #IceBucketChallenge and 100 million dollars were collected for donation. Thanks to this campaign, an agenda was created, the attention of policy-makers was drawn to ALS and new arrangements were made to allocate a budget for the care of individuals with this disease (Pressgrove, McKeever, & Jang, 2017).

4 main elements need to be addressed within the context of media advocacy. These are developing a strategy, agenda setting, framing the discussion and developing policies (Atkin & Rice , 2008, p. 443) cited in (Koçak & Bulduklu, 2010).

1. Developing a strategy:

This is the specification of stakeholders within the formulation of policy methods, creating power and pressure on stakeholders for change, and developing messages that the stakeholders here can participate in (Koçak & Bulduklu, 2010, p. 94).

2. Agenda setting:

This is the process of structuring an agenda and ensuring access of stakeholders to these messages through articles and news sources. The concept of agenda-setting can be defined as an impact on society through mass media (Koçak & Bulduklu, Sağlık

İletişimi, 2010). The way media tools convey such a message plays an active role in creating and directing perception by telling individuals what they should think, without telling them what to think (McCombs & Shaw, 1972). The work that led to the emergence of the agenda-setting theory was a study by Lippmann, "Public Opinion" (McCombs & Valenzuela, 2007, p. 45).

3. Framing the discussion:

The limits of the discussion are determined within the framework of an existing problem that threatens public health by understanding the problem and stating its importance and the social responsibility required for its solution.

4. Developing policies:

Continuing to focus on pressure and attention for a certain period of time in media will cause policymakers to react to this situation after a while.

Media advocacy is an active and aggressive use of mass media tools to highlight the importance of a certain health issue and to get policymakers to take action on it (Bulduklu Y. , 2010, p. 145).

2.1.2.3 Social Mobilization

These are all applications for the goal of increasing the public's knowledge regarding a problem in society. Social mobilization is used in health communication studies for its feature of raising awareness (WHO, 2006, p. 16).

The main purpose of social mobilization is to inform the masses about a health problem, to raise awareness, and to mobilize the public to combat this problem

(Bulduklu & Koçak, 2010, s. 97). There are certain elements used to achieve these goals.

These are (Schivo, 2007, s. 150) ;

- To produce solutions based on social balances,
- To establish partnerships with other social sectors,
- To raise social awareness for potential obstacles and for overcoming them,
- To ensure consensus among community members,
- To develop messages and materials to enable the society to take action.

It enables individuals to combat the health problem by combining their knowledge and effort according to a social purpose. An example of this is the Covid-19 epidemic, where individuals act in common with each other, wear masks for public health, stay in quarantine, and follow social distance rules.

2.1.3 The Roles and Importance of Mass Media in Health Communication

Since the existence of mankind and until today, individuals have made efforts to develop various tools and methods to survive. Undoubtedly, one of the most important of these is the advancements in communication (Işık, 2019, p. 39).

Advancements in communication have met many needs of individuals, including obtaining information and entertainment.

Communication has continued to exist through various symbols and tools throughout history and mass media tools began to take shape as humans made the transition to modern life (Aziz, İletişime Giriş, 2016). In the past, communication was done by percussion instruments, paintings, fire/smoke, writings, and messenger pigeons. Later,

mass production began with the invention of the printing press and written mass media such as magazines, newspapers, telegraphs, and typewriters were used (Lee, 2009).

Since the invention of the telephone, auditory mass communication tools gained importance and the foundations of the radio were laid. This made it much easier to reach large masses through sound (Elon University School of Communications, n.d.).

Emerging in the same year with the proclamation of the Republic, television formed the beginning of audiovisual mass communication tools, becoming the most important mass communication tool in history. Over time, television has gone through various developments such as a transition from black-and-white to colored screens, cable broadcasting, and online platforms today (Lule, *Understanding Media and Culture: An Introduction to Mass Communication*, 2016).

Leaving its mark on the 20th century, computer technology has led to significant advancements in every field (History of Computing, 2020). After the computer, the invention that made the most tremendous impact globally was, with no doubt, mobile phones. Being easy to carry, it allows people to interact with each other easily, becoming the mass media tool most affected by technological advancements (Clark, 2013). Particularly since the introduction of smartphones, new phones with different and more advanced features are being introduced to the market every year.

With the establishment of the first internet connection in 1969, a new era was opened in mass communication. Enabling to follow all developments in the world instantly and to reach desired information in the fastest way, internet technology has become an indispensable tool for humanity (Leiner, et al., 1997).

Entering our lives with the emergence of the internet, social media has created a new media platform with many features such as instant communication, interaction, and photograph and video sharing (The History of Social Media and its Impact on Business, 2011, pp. 5-9). Hence, individuals had to adapt to these new communication channels and learn to actively use them for their purposes.

Today, even public opinion shapes around an axis of individual attitudes, environmental characteristics, ideologies, population, culture, politics, and mass media. The first step in the formation of public opinion is "mass behavior." The second consists of "public debates and conflicts." The last step is "institutionalized decision-making." As a result of this final step, a positive or negative action occurs. Mass media tools also play a key role in forming a public opinion (Özkan , 2006).

Thanks to mass media tools, health information and health behaviors are conveyed to large masses (Tumpey, Daigle, & Nowak, 2019). In addition to conveying accurate health information, mass media may sometimes instill false information and lead to negative health behaviors (Çınarlı İ. , 2008, p. 83). This highlights both the positive and negative effects of mass media tools in spreading health information (Facade of Media and Social Media During COVID-19: A Review, 2020).

The legal and ethical role of the media during the emergence of democracy is the access of the public to useful and reliable information. This is how the process works and the society is assumed to make the "right decisions for them" (Meyer, 1990, s. 53). Public health needs ensure that the health information delivered to individuals through mass media is accurate, reliable, and applicable (World Health Organization, 2005, p. 65).

The health information sources acquired by individuals are listed as follows (Çınarlı, 2008, pp. 97-98):

- information from television or other entertainment media
- news and documentary information from print and other media
- information obtained from one-on-one communication with healthcare professionals
- information that individuals acquire from their environment.

Increased use of mass media tools in healthcare makes it difficult for people to reach quality and accurate information (World Health Organization, 2013, pp. 59-61). Presenting confusing information undermines individuals' trust in scientists and the media (Ratzan S. C., 1998, p. 291). For example, a group of doctors argues that eggs are beneficial for cholesterol levels, while another group claims that they are a threat. This causes distrust by society and may incite individuals to incorrect health behavior.

With the developing technology, new generation digital mass media tools have emerged, and have started to take their place in health studies (World Health Organization, 2013, pp. 63-66). Instant communication enables information to be spread to the masses very quickly, especially in social media. While beneficial in some cases, this poses a great disadvantage for the rapid spread of false information (Riddle, 2017). Both disinformation and misinformation through social media can lead to negative outcomes in terms of public health.

Individuals prefer to receive information from easy-to-understand news sources that do not involve too much medical jargon instead of reading medical journals that provide quality information or the findings of studies. Individuals often try to obtain

health information from the people around them or the media (Çınarlı İ. , 2008, p. 85). This leads to health information that is not proven or falsified to be spread throughout society by word of mouth (Bilişli, 2019).

Health information can be conveyed through three types of mass media tools as follows:

- Audio-visual media
- Print media and
- Electronic media (Işık, 2019, pp. 39-40).

Audiovisual Media

Considering the socio-economic conditions of society, television is without a doubt the most commonly used mass media tool.

The news bulletins, series, shows, advertisements, and public service announcements on television contribute to the formation of correct or incorrect health behaviors in society by addressing the issue of health (Erer, 2013, pp. 25-26).

With an intense focus in recent years, public service announcements produce content in cooperation with ministries and non-governmental organizations, making important initiatives to provide correct information (Duğan & Şahin, 2016). Television health shows that are broadcast during daytime cover a certain part of women's shows, and provide information on many subjects such as alternative medicine, aesthetics, beauty, care, diet, proper nutrition, and treatment methods, attracting the attention of the audience, sometimes with a magazine-like narrative (Burzyńska , Binkowska-, & Januszewicz, 2015). To convey health information, these health shows often invite

guest health specialists or communicate with them by phone. Viewers can get health information by getting in contact with the guest doctor (Atabek, Atabek, & Bilge, Televizyon Sağlık Programlarında İdeolojik Söylemler, 2014).

News bulletins on national and local channels, particularly on prime-time, often feature news on health. News shows cover health news in a particular section. Health issues are even included in weather bulletins, giving warnings about chronic diseases with increased prevalence depending on the season (Signorielli, 1993, p. 15). In this context, television includes productions in different formats and thus enables them to convey health information in multiple dimensions.

Print Media

News sources such as newspapers, magazines, and brochures make up the printed press and are important tools for spreading health information. News in print media often emphasizes the importance of technological devices and healthcare professionals (Signorielli, 1993, p. 19). Health professionals write articles on health issues in the column sections, providing health information through newspapers (Erer, 2013) .

Magazines, especially those with content directed to women, often include health issues. Magazines often produce content to create consumption behaviors towards the commoditization of health. The models in this news have very thin and fit bodies that are above the norm for beauty standards. The physical features of these models are meant to take place in the consciousness of the readers so that they are encouraged by these body images (Çınarlı İ. , 2008, p. 103).

Electronic Media

The developments in communication technologies in recent years offer new channels for spreading health information. The widespread use of internet technology increases the importance of websites, e-mails, and social media tools in spreading this information (Işık, 2019, p. 1982).

Individuals often use the internet for information and advice on health issues before applying to healthcare institutions or healthcare personnel (Househ, 2013). Individuals visit electronic resources for many issues such as examining the prospectuses of drugs, investigating which diseases are indicative of their symptoms, learning the status of other individuals with the same disease, and obtaining information about a hospital and a physician (Luque, 2015).

Through electronic media, individuals can establish two-way communication with the information source (Moorhead, et al., 2013). Internet environments bring patients and physicians together to provide a conversation that can be the subject of communication (Oliveira, 2014). The use of the internet as the most preferred health communication tool in recent times is remarkable.

Online organizations that are established to combat certain diseases and harmful habits provide free and fast information to individuals in need of help and continue to conduct persuasive studies on treatment processes. The ability of social media in helping masses be heard allows them to make certain health initiatives (WHO, 2017). For example in the case of a patient whose treatment cannot be initiated because they cannot afford it, their situation can be given a voice and heard by a large part of society through social media (Boost Medical, 2019). Then, a donation campaign can be

launched under the name of a "challenge" to raise awareness of the disease. It is then ensured that the disease attracts attention, establishing be a source for policymakers to take action on the matter.

In addition to its positive features, electronic media also has some negative aspects. Firstly, individuals with no access to the internet cannot benefit from electronic media. Those who need health information to protect themselves from diseases, but who are at a low-income level are deprived of such information because they cannot benefit from these technological developments (Walt, 2000). Thus, there is a health information gap between individuals with low-income and individuals with high-income (Orach, 2009, pp. 49-51).

Another negative aspect is that electronic environments make it increasingly difficult to reach reliable sources and correct information due to the existence of too much information. Spreading false information in a short time leads to the formation of negative health behaviors, causing significant damage to public health (Wang, McKee, Torbica, & Stuckler, 2019). Here, the importance of health literacy is emphasized.

2.1.4 The Audience/User in Health Communication

People are exposed to any type of media in their everyday life. As the viewers, individuals are the target audience of important issues such as improving health, changing health behaviors, and preventing diseases (Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century, 2002).

The sociodemographic characteristics of the audience/user who is a healthcare consumer are very important for preparing and conveying the health message. To actualize the desired behavioral change, the message conveyed must be designed

according to the living standards of the target audience (Koçak & Bulduklu, 2010, pp. 81-82).

For health communication, in addition to the demographic characteristics of the audience, their media literacy and health literacy levels are also vital for the message to have the desired effect (Sørensen, et al., 2012). The tendency to determine the accuracy and reliability of the information that individuals obtain from the media ensures that negative health behaviors are avoided. However, if the audience or the user puts the information into practice without questioning its quality, risky health behaviors will be inevitable (Sezgin D. , 2014, p. 86).

Certain steps need to be given importance in health communication efforts. These are, (Ratzan S. C., 1994, p. 225),

1. Determining the demographic characteristics and health literacy levels of the target audience,
2. Segmenting messages, targeting changes in health behavior by using different coding methods, and different tools for different audience groups.

Well-coded messages offer certain opportunities for the target audience (Koçak & Bulduklu, 2010, pp. 82-83):

- It enables individuals to perform appropriate health behaviors and make new decisions by blending new information with old knowledge.
- It improves the perceptual behavior of the audience.
- It enables patients to be aware of the behaviors of other individuals and the consequences of their behaviors.
- It allows people to use the appropriate symbols to express themselves.

Thomas has divided health communication audiences and healthcare consumers into six categories. (Thomas, 2006, s. 48-50) cited in (Koçak & Bulduklu, 2010, pp. 83-84)

- 1. Consumer health audience:** In healthcare, the consumer bears the same meaning as the classic concept of the consumer. In the field of health, consumer-viewer-user is the buyer of the healthcare product. They are the end buyers of a product or a service.
- 2. Customer health audience:** These are the real buyers of a health product or service. Health products and services are marketed not only to the patient but also to the patient's environment. Therefore, healthcare communities have a wide range of customers. In healthcare, customers are patients, other people who are likely to buy the healthcare practices, and healthcare strategies.
- 3. Audience as healthcare buyer:** This one covers those who consume health services rather than those who consume health products. Here, the audience is passive towards the healthcare professional.
- 4. Audience as a patient:** The person who directly receives the healthcare service is considered a patient. Here, the individual needs to be defined as a "patient" by a healthcare professional.
- 5. Audience as a member of healthcare services:** The health insurance industry has begun to define individuals as "members" rather than customers.
- 6. Audience as end-user:** The end-users of health services are those who are the final users of a drug or a health product or those who are the direct buyers of health services.

2.1.5 Health Literacy in the Context of Mass Media in Health Communication

Mass media tools create a need for health literacy since they direct individuals to positive or negative health behaviors and even pose risks to public health (Higgins &

Begoray, 2012, pp. 136-137). Health literacy is vital for individuals to determine the accuracy of the information they obtain from the media and to apply it (Chen, et al., 2018).

According to the American Medical Association's *Committee for Health Literacy*, it is "the ability to read and understand prospectuses and other health-related materials necessary to successfully function as a patient" (Bernhardt & Cameron, 2003, p. 584).

WHO (1998), defines health literacy as "cognitive and social abilities that provide the motivation and ability to acquire, comprehend, and apply knowledge to improve and maintain health" (The WHO Health Promotion Glossary, 1998).

Low health literacy corresponds to "noise" in a communication process (Mayer & Villaire, 2007, p. 131). Certain aspects of health communication could be defined as noise. For example, doctors frequently using medical words when talking to patients causes them to be unable to understand their condition and creates confusion, or incorrect health information on the internet prevents individuals from showing the correct health behavior (Curtis, 2000, p. 74).

The health literacy levels of individuals are crucial for health communication. Audiences or users who can understand the content of health-related messages exhibit more assertive behaviors than others when following the instructions of health professionals and showing positive health behavior (Ishikawa & Kiuchi, 2010). Therefore, efforts to create health messages should consider health literacy levels. Researches suggests a significant correlation between health literacy levels and normal literacy levels (Koçak & Bulduklu, 2010, p. 78).

Advancing communication technologies might have facilitated access to information, but they have made it complicated to find reliable and correct information among too many (Lazer, et al., 2017). Therefore, it is not quite easy to obtain good quality health information from the media. This is where health literacy comes into play in terms of the ability to find reliable sources from large amounts of information and to filter them, consequently applying the correct information (Health People 2010, p. 7). When interpreting health information from the media, media literacy becomes as important as health literacy (Çınarlı İ. , 2008, p. 123). Media literacy helps us determine our stance towards the media and interpret the meaning of the information we obtain from it (Livingstone, 2009). Individuals with high media literacy can make sense of and interpret messages from the media at different levels. Those with low media literacy tend to perceive such messages superficially (Malik, 2008, pp. 2-3). For health communication, media literacy and health literacy are both important and inseparable concepts that support each other.

For successful health communication activities, it is necessary to know the health literacy levels of the public and to encode messages accordingly. Creating health messages that can be easily understood by individuals from all walks of life has a key role in increasing correct health behaviors and thus improving public health (Geist-Martin, Berlin Ray, & Sharf, 2002, p. 282).

2.1.6 The Concept of Health Literacy and Importance of Health Literacy

There have been many developments in the field of health to find treatment methods for people's diseases and to stop the spread of existing diseases (Göksu, 2010, p. 321).

It is important for individuals to obtain information about health issues, to comprehend this information, and to show health behaviors accordingly. In this context, the process

of obtaining, understanding, and applying health information has paved the way for the emergence of the concept of health literacy (Parvanta, Nelson, Parvanta, & Harner, 2011, p. 120).

The concept of health literacy emerged in 1974 (Simonds, 1974). The World Health Organization defines health literacy as "cognitive and social skills that define an individual's ability and motivation to access, understand, and use the information to improve and maintain their health" (WHO, 1998).

Successful health communication depends on the clarity and comprehensibility of the message and the understanding and comprehension of health information by the receiver (Jahan, 2000, p. 285). According to Taylor, effective health communication requires both the producers of health messages and the consumers of health information to communicate as clearly as possible. For example, doctors may use too much medical jargon when explaining a health problem to patients and their relatives. This results in patients not understanding the problem and therefore, exhibiting incorrect health behaviors (Taylor, 2018, pp. 173-174). With the significant increase in types of diseases and treatments due to technological developments, the health information-seeking behaviors of individuals have also been affected, with a parallel increase in the number of resources where individuals can obtain health information (Sezgin D. , 2011). This increase may help reduce the density in hospitals due to insignificant health problems and to obtain information easily and freely, although it often leads to a rapid spread of poor quality and incorrect information in the society and thus to negative health behaviors (Kilit & Eke, 2019). In this sense, individuals need to have a high level of health literacy. Because, low health literacy is defined as the "noise" in health communication (Mayer & Villaire , 2007, p. 131).

Individuals with a high level of health literacy understand and interpret health information and show appropriate health behaviors. However, individuals with a low level of health literacy may be unable to implement appropriate health behaviors or may exhibit negative health behaviors (Weiss, 2003, p. 12).

Health literacy is crucial for the benefit of public health as well as that of individual health. Hence, increased health awareness in individuals in society and changes in their lifestyles directly affect public health (WHO, n.d.).

There is a significant correlation between the literacy levels and health literacy levels of individuals (CDC, 2019). Individuals with a high level of literacy are more successful in correctly using health information compared to those with a low level of literacy. Therefore, "health literacy is the capacity to acquire, interpret, and understand basic health information and services in a way to protect and improve individuals' health" (Türkiye Sağlık Okuryazarlığı Araştırması, 2014, s. 18). Individuals with a high level of health literacy are more active and participatory in seeking and acquiring health information compared to those with a low level of health literacy (Bernhardt & Cameron, 2003, p. 584).

Health literacy does not solely refer to the ability to read and understand health information, but also to the ability to solve problems and make decisions (Bernhardt & Cameron, 2003, p. 584).

Nutbeam (2000, pp. 263-264) cited in (Koçak & Bulduklu, Sağlık İletişimi, 2010, p. 79) classified health literacy in three dimensions.

1. Basic / Functional Health Literacy:

Attaching more importance to individual health than public health, basic health literacy can be defined as individuals' use of general reading, writing, and understanding skills in health messages (Speros, 2005, p. 635). Basic health literacy includes skills such as reading and understanding health information brochures, healthcare service information, drug prospectuses, and hospital appointment calendars (Bilişli , 2018, p. 88).

2. Communicative/Interactive Health Literacy:

Communicative health literacy is the ability to actively use cognitive health literacy skills in situations encountered in daily life, to produce new information using different types of communication, and to use this information to change one's conditions (Nutbeam, 2000, pp. 263-264).

3. Critical Health Literacy:

Critical health literacy is the ability to use cognitive and social abilities to analyze information and to further increase one's control over their life (Betz, Ruccione, Meeske, Smith, & Chang, 2008, p. 232). Critical health literacy strives to improve competencies in public health as well as in individual health (Nutbeam, 2000, p. 265). This type of literacy aims for individuals to correctly interpret and analyze the information they obtain from healthcare professionals and the media (Bilişli , 2018, p. 89).

Increased levels of health literacy first individually and then socially, understanding health information in a targeted way, and the ability to interpret information have undeniable importance for health communication (Nutbeam D. , 2006, p. 264).

Conveying understandable information between doctors and patients in patient-physician communication and patients being able to understand and interpret the information given by their doctors contribute to the successful execution of treatment processes (Koçak & Bulduklu, 2010, p. 81).

Health literacy efforts within the context of mass communication suggest that the most important element to be considered when providing health information to the society is their overall literacy and health literacy levels (Levin-Zamir & Bertschi, 2018). When spreading health information to the masses, communicating the message in a way to be understood by the public can have a positive impact on public health.

2.1.7 The Effect of Media on Improving Health Literacy

Mass media tools are the most important sources for transmitting health information to the public. Media has a power of influence to direct individuals to show positive health behaviors, as well as negative health behaviors (Whitehead, 2004). Therefore, health information conveyed to individuals through the media is very important, first in terms of individual health and then for public health.

With the advancements in technology, the resources from which individuals can access health information have become limitless (Karagöz, 2012). People can obtain health information from the media in many different ways. Examples include public service announcements, news bulletins, health shows, advertisements, the internet, and newspapers (Gautam, 2016).

The messages given in the media are designed per the socioeconomic, political, and cultural characteristics of the society and presented (Institute of Medicine (US) Committee on Health Literacy, 2004). The interpretation of these messages produced

by the media depends on the media literacy level of the target audience (Göksu, 2010, pp. 323-324). The concept of health literacy cannot be evaluated separately from the concepts of overall literacy, health information, mass communication, and media literacy.

In addition to producing messages for the benefit of public health, the media can also produce messages that may pose risks for public health (WHO, 2005, p. 87). This is where the concept of media literacy becomes ever so important.

Media literacy is defined as the way of receiving, understanding, and interpreting messages from media productions, which the audience is exposed to (Çınarlı İ. , 2008, p. 123).

Media influence has strategic importance in improving health literacy. Obtaining, understanding, and interpreting health information that is produced and presented by the media has a key role in terms of public health. Health literacy is crucial for controlling health messages produced in the media and for raising awareness against such messages.

2.1.8 The Effect of Low Health Literacy on Public Health

Based on the definition of the concept of health literacy, individuals should perceive health messages correctly so that they can make the right decisions for their health (Utma, 2019). Low levels of health literacy have negative effects on both individual and public health and healthcare (Sezgin D. , 2014, p. 79).

Individuals with low levels of health literacy tend to exhibit more fear and panic regarding health, use emergency services more, get unnecessary tests, and are more

likely to be subjected to the outcomes of incorrect treatment practices (Eagle, Reid, Hawkins, & Styles, 2005).

Individuals with a low level of health literacy cannot communicate with their doctor effectively because they are shy or embarrassed to express themselves when communicating their health problems to their doctors (Yeşildal, 2018). The insecurity caused by low levels of health literacy and limited communication with health professionals pave the way for a lack of behaviors such as asking questions about their illnesses and taking doctor's advice and emergence in behaviors such as repeating questions on an issue that they cannot understand (Göksu, 2010, pp. 324-325). In such cases, patients are not able to contribute to the treatment process.

Individuals with a low level of health literacy may refuse to receive healthcare or ignore their illness due to a false sense of self-confidence or fear of receiving healthcare (Sezgin D. , 2014, pp. 85-86).

Another issue that leads to disruption in health communication is the failure to use a type of language that individuals can understand (Weiss, 2003, p. 15). Depending particularly on the overall literacy and health literacy levels of the society, the lack of use of a clear and understandable language in the presentation of health information causes health messages to not be understood, failing to provide the implementation of the targeted health behavior (Erdoğan, 2019).

Individuals with a low level of health literacy often try to obtain health information from people around them or unreliable sources in mass media, since they are reluctant to express themselves and do not wish to visit a health institution. As a result, putting

incomplete or incorrect information into practice may cause them to exhibit undesired health behaviors and even risk their lives (Göksu, 2010, pp. 324-325).

In the context of public health, having a low level of health literacy leads to many negative outcomes, including (Eicher, Wieser, & Brugger, 2009):

1. Spreading incorrect and incomplete information in society, causing negative health behaviors to emerge,
2. Increased workload for doctors in doctor-patient communication because patients cannot be included in the treatment process,
3. Overloaded hospitals due to an increase in unnecessary hospital visits to obtain health information or healthcare services,
4. Harmful to the economy due to excessive and unnecessary use of healthcare services.

2.2 Media and Health Perception

Individuals can easily access the information they desire through mass media (Mechanic, 2005). With the advancements in technology, the traditional media undergoes a transition to digital media (Shah, 2020). People can access any issue about health through mass media tools, meeting their health needs with ease (Howitt, 1982).

The main aims of health communication include informing individuals and societies about health, improving health behavior, and preventing diseases (Health People 2010). Therefore, for health communication, messages about health are spread through health promotion efforts and health campaigns, providing a certain perception regarding health-related issues and help implement targeted health behaviors (Fidan & Yetiş, 2018). Research on creating perception has revealed that perceptions could

indeed be managed in the desired direction (McCombs M. , 2004, p. 1). People's actions such as making decisions and exhibiting behaviors occur based on their perceptions (Fidan & Yetiş, 2018, pp. 163-164). In this aspect, individuals' health perceptions have a role in their decision-making processes and behaviors regarding health (Wilson & Cleary, 1995).

Mass media tools are used in creating health perception in individuals (Işık, Aytar, Cevik, Emektar, & Balıkçı, 2019). The power of influence of the media to create and manage perceptions is also used in health communication efforts (Alu, 2019). Media is used to improve and change the perceptions of individuals regarding important health issues such as diseases and treatment methods, epidemics, and harmful substance use, as well as their health behaviors based on this perception. When this power of the media is used correctly and with purpose, public health is positively affected and the desired health behavior can be achieved (Tunç & Atılğan, 2017).

The issue of how to convey health messages to individuals through the media should be supported by perception creating studies in addition to health communication efforts (Tunç & Atılğan, 2017, s. 235). The "hypodermic needle model of communication", which emerged based on the power of the media in perception management, was born from the action-reaction model (Ridwanullah, 2017). Recently, diversity in mass media tools enables this model to be used effectively (Fidan & Yetiş, 2018). Because, individuals spend a significant portion of their days using mass media, owing to both traditional and digital media tools, and are constantly exposed to the influence of the media. Public service announcements (particularly by the Ministry of Health and non-governmental organizations), health shows and advertisements broadcast on television, and posts shared by doctors and health institutions on social

media are some productions used to create health perception in the media (Conrad, 2007, p. 6). The common aim of these productions is to improve and develop health perceptions and health behaviors in the society. Health perception is spread using the right channels and with content appropriate for the target audience or the targeted user group (Rural Health Promotion and Disease Prevention Toolkit, 2018).

In this chapter, the topics of "the concept of media and public health" and "media tools" will be discussed within the framework of health communication.

2.2.1 The Concept of Media and Public Health

Mass media tools, in other words, the media is the most important tool in imposing desired perceptions and actions on individuals and shaping the structure of society (İnceoğlu, Özçetin, Tol, & Alkurt, 2014). Derived from the corresponding word in English (mass media), the term is used for all written and visual media tools such as radio, television, newspapers, magazines, and social media.

With the leaps that humankind has achieved in technological advancements, people can access the information they want instantly, freely, and easily through the media, and use this information (Işık, 2019, p. 1983). The attitude and the perception that are desired to be conveyed to the target audience are quickly transmitted through visual, auditory, or digital media (Tabak, Sağlık İletişimi, 2003, s. 81-82) Individuals perceive, internalize, and interpret these messages that they receive from such media tools (Smit & Terblanche, 2015).

Communication tools have always developed per the needs of individuals, always tailored to have new features. From ancient times to the present day, communication

has always been among the most basic needs of individuals to be aware of each other, to get information, and to survive (Gönenç, 2012).

In the early ages, people tried to meet their needs in communication by drawing pictures and symbols on stone walls, burning fires, producing various musical instruments and making sounds. As writing was invented, written communication emerged in addition to visual and auditory communication and individuals began to send messages to each other using messenger pigeons (Chapter 1: Introduction to Communication Studies, 2016).

The invention of writing led to significant developments in the field of communication, increasing the use of written communication tools such as the telegraph, the typewriter, printing press, and newspaper. However, the long time needed to send messages in writing has paved the way for the invention of the radio, which would provide fast message transmission through audio (Simonson, 2016, pp. 1-12).

With the radio, messages intended to be sent have begun to be conveyed through auditory means (World101, n.d.). Emerging after the radio, television was accepted as the invention of the century, leading to globalization thanks to its ability to broadcast all over the world via satellite (Campbell, Martin, & Fabos, 2008).

After these important inventions, the next new mass communication tool that would influence the entire globe was the computer and internet technologies. Using internet-based computer technologies, people gained important opportunities to instantly send each other messages, quickly access the information they want to research and follow all the developments in the world (Biagi, 2007, pp. 173-174).

Individuals have always performed actions to obtain and produce health information throughout their lives. For individuals, the easiest and fastest way to obtain health information has been through the use of media. The power of the media has been used to create public opinions on health-related issues, to raise awareness, and to teach expected health behaviors (Maibach & Holtgrave, 1995). Thanks to the mass communication that was created by the media, risks that threaten public health and policies to improve it can be quickly and easily delivered to large masses.

In addition to its positive approach in conveying health messages and health perceptions, there are also negative aspects of the use of media that can create negative health perceptions and behaviors (Çınarlı İ. , 2008, pp. 30-31).

If the information conveyed through the media is not appropriate for the media literacy and health literacy levels of the society, misunderstanding, and misapplication of the health message would be unavoidable (Akbarinejad, Soleymani, & Shahrzadi, 2017). Moreover, considering the socioeconomic level of society, individuals who have limited access to mass media tools cannot access such health information, resulting in lower levels of health information than other individuals (Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century, 2002). Having low levels of health information consequently leads to them exhibiting incorrect health behaviors. Therefore, when spreading health information through the media, the social, economic, and cultural structure of the target audience should be considered and the appropriate content should be produced.

Public health efforts often focus on important health issues such as delivering health information to the public from an accurate and reliable source, protecting the society

from prevalent diseases, preventing and stopping diseases, and improving healthcare services (Centers for Disease Control and Prevention, 1999).

These efforts make use of various health campaigns and mass media tools to achieve all these goals. Examples of these tools include morning health shows, advertisements, health news in news bulletins, TV series, movies, columns and blogs, and social media networks.

The concepts of media and public health are crucial within the scope of health communication and cannot be separated from each other.

2.2.2 Media Tools

Communication can be defined as the whole of human actions for correspondence and obtaining information to survive. As social being humans need to socialize, communicate, obtain information, and interact with each other (Lunenburg, 2010). Individuals start communication from the first moment they are born. For example, when babies are hungry, they cry to show their reaction to their hunger, children damage their toys to show that they are bored, or adults argue with others to show their anger (Kumon, 2016). Based on these examples, communication occurs not only verbally, but also non-verbally. People use communication tools to meet their communication. To reach large masses, mass media tools are used and thus, desired messages can be delivered to the targeted receiver quickly and easily. To make a general definition over mass media tools, it is safe to say that they enable communication to reach large populations. These tools can be used to transmit written, visual, or audio messages (Aziz A. , 2010, s. 99).

Media tools have gone through significant changes throughout history. The most frequently used mass media tools today include radio, television, newspaper, magazine, and the internet.

While the most frequently used type of communication at the time of its emergence, written communication has lost its popularity to the emergence of audio and visual communication through technological advancements (Poe, 2011). Written mass media tools include newspapers, magazines, brochures, and books.

Over time, written mass media tools have fallen insufficient to meet the increasing communication needs of individuals, which has led to the need for new mass media tools (Technological Advances: From the Printing Press to the iPhone, 2017).

The invention of the telephone made it possible for the voices of people in different locations to be transmitted to each other for the first time (Elon University School of Communications, n.d.). With the invention of the radio in addition to the rise of voice communication, the importance of auditory communication increased even further. Auditory mass media tools include the telephone, radio, and television (Skretvedt & Sterling, 2018).

Written and auditory means of communication were followed by visual communication, which also emerged as a result of technological advancements. Visual communication was born with the discovery of television.

The invention of television led to very important developments in that period. With televisions, people began to be aware of the events taking place on the other side of

the world and to meet their entertainment needs from this visual communication tool (Maherzi, 1997). Examples of visual communication tools used today include television, computer, and social media networks.

2.2.2.1 Television as a Media Tool

Television is undoubtedly the mass medium that is the most widely used by all segments of society (Strasburger, 2004, p. 55). This situation makes television the main mass communication tool.

Particularly, individuals who have limited access to new generation technology mostly meet their needs such as getting information and entertainment using television (Gollop, 1997, p. 45). Television, which is the most preferred mass medium, has the power to influence the thoughts and behaviors of individuals and even the cultural structure of the society (Bozkurt Avcı & Sönmez, 2013, p. 121).

Philo T. Farnsworth is the inventor of television, which is the most used mass medium tool in society. Farnsworth succeeded in transmitting the image by testing the studies used in the invention of the radio on the image. However, references state that the inventor of television was an engineer named Vladimir K. Zworykin (Poe, 2011, p. 158).

Since the use of television in society, media producers have begun to produce TV shows that can attract the attention of individuals, while individuals have begun to use television as an entertainment tool. The main reason for the use of television in society is being aware of the agenda and information consumption. Television journalism has continued since the middle of the last century, and news programs are broadcast at all hours of the day nowadays. CBS is the channel that started television journalism (Şeker, 2006, s. 37).

Marshall McLuhan's approach of "The medium is the message", one of the studies conducted to measure the effect of television on individuals, suggests that our awareness and perceptions are changed by radio and television, which are among the mass media (McCluhan, 1964).

The functions of the television are divided into the following 4 groups (Koçak A. , 2001, p. 27):

1. Social Functions:

Television produces productions that enable individuals to socialize and have fun (Gökçe, 1998). The TV productions produced for this purpose are discussed under the heading of Social Functions. Besides meeting the social needs of society, television also conveys the values and culture of the society in directing the attitudes and behaviors (Aziz A. , 1982, p. 30).

2. Political Functions:

One of the most important reasons for the use of television is that it is used to form public opinion on issues that concern society. However, mass media should take into account the differences of opinion in the society while forming the public opinion; therefore, they should reflect and objective perspective in their messages and convey the information of every thought (Gökçe, 1998, pp. 179-180).

3. Economic Functions:

Mass media also offers product commercials to individuals. The commercials are considered an important source of income, especially in television shows (Gökçe, 1998, p. 181).

4. Information Function:

This function refers to television's role in providing information. Television is used to provide information to the public in several areas. Providing information is the main purpose of the mass media. Thanks to the various contents on TV, individuals are informed (Koçak A. , 2001, p. 31).

As an example of the television's function of providing information, medical information, which is always important for society, is conveyed to individuals through medical TV shows.

2.2.2.1.1 Television Health Programs and Their Effects on Public Health

Television, which has become an important research subject for health communication studies, is the main mass medium used in the conveying and rapid spread of health information to the masses (Pohls, et al., 2005).

Television health programs discussing medical issues, about which individuals talk the most in their daily life and need information, are important platforms for health communication (Sharma & Gupta, 2018). These television programs must serve in line with their purpose and produce quality and reliable content on health without considering commercial gain (Çınarlı İ. , 2008, pp. 67-68) Television programs that can convey medical messages to thousands of people at the same time should know the health literacy level of their target audience and prepare a format accordingly (WHO, 2005).

The perception of "healthy lifestyle", which has been becoming a trend in society, has been spreading through various mass media such as television programs, blogs, and social media tools (Novichikhina & Romanova). Therefore, television programs

broadcast in daytime frequently produce content about the concept of a healthy lifestyle. In these television programs, topics related to the ideal height and weight for women and men, body type, appearance, diet and healthy nutrition, aesthetics, ways of protection from diseases, and treatment methods are frequently covered (Etiler & Zengin, 2015).

The suggestions and recommendations, particularly those related to appearance, given in the television programs are sometimes highly regarded by the viewers; however, these recommendations may cause the individuals to risk their health to have body measurements that are considered good by society (Kahraman, 2014, p. 25). Especially the efforts of young people to have the trend body size increase the prevalence of eating disorders in young people (Morris & Katzman, 2003). Thus, television health programs should create messages in a way that does not risk public health while providing information.

In their study, (Koçak & Bulduklu, 2010, p. 6) state that television is one of the most effective health communication tools. Examining the broadcast schedules of the channels, it was found that television health programs were mostly broadcast in the daytime on weekdays (Atilla & Isler, 2012, p. 223). These television programs discuss a different health issue every day, so individuals with health problems discussed on that day become the target audience of the television program. Television health program often use a format of providing information while entertaining. Topics such as food, magazine, and music are included in the content of the show (Kahraman, 2014, p. 22).

Television health program have some positive and negative effects on viewers. Television health programs have effects on individuals such as raising awareness, providing information, and changing their attitudes and behaviors. Thus, the levels of health consciousness and health awareness of individuals increase thanks to television (Burzyńska, Binkowska-Bury , & Januszewicz , 2015).

Miles and friends say that, thanks to television health programs, individuals can obtain information about diseases and treatment methods from the guest doctor participating in the show, and they can become aware of the early diagnosis of a particular disease (Miles, Rapoport, Wardle, Afuape, & Duman , 2001). Also, social media tools of television health programs offer the viewers the opportunity to ask questions to the doctor participating in the show.

In particular, it was noticed that patients who frequently watch television health programs are more self-confident and conscious than others when explaining their health problems during doctor-patient communication (Özmen, Taşdelen, & Yüksel, 2015). One of the contents of the television health programs is that the treatment process of a guest patient is conveyed day by day by the show. This practice supports individuals with the same health problems to be motivated for treatment and gain the perception that they will recover from their diseases one day (Kahraman, 2014, pp. 23-24). Television health programs frequently address diseases that pose a risk to public health during the show. Obesity can be mentioned as an example of these diseases (WHO, 1998). Individuals with obesity can participate in the show, lose weight, and regain fitness. Other individuals with obesity who watch the show can be persuaded to lose weight being affected by this situation.

Moreover, most of the TV productions especially focused on covering health content during the COVID-19 pandemic that ravaged the whole world. During the pandemic, mass media provided the quickest way of conveying information to large masses (Anwar, Malik, Raees, & Anwar, 2020). In this case, television health programs also took over responsibility, and they frequently broadcast productions that reminded the rules required to protect the society from epidemic diseases (Shalvee & Sambhav, 2020).

On the other hand, television health programs also have negative effects besides the above mentioned positive effects. For example, the producers of the show and doctors participating in the show might exploit it to have commercial gains. Thus, some healthcare professionals can participate in the shows to promote their hospital or their names (Bozkurt Avcı & Sönmez, 2013, p. 123).

Another negative effect is that doctors participating in television health programs say that they can treat almost any disease to attract patients to their institutions; thus, they sometimes cause patients to be disappointed and lose confidence in healthcare services (Çınarlı İ. , Sağlık İletişimi ve Medya, 2008, p. 102).

Moreover, although the recommendations on diet and nutrition must be customized according to each individual, the media share these suggestions as a message that can be used by everyone regardless of the health status of the person. Individuals who follow diet and nutritional recommendations that are not proper for their health conditions can perform negative health behaviors that may put their lives at risk.

Thus, although television health programs overtake an important initiative in providing health information and raising awareness, they can pose a significant threat to public health when the health literacy level of the population is ignored.

2.2.3 The Concept and Features of Social Media as a Media Tool

The development of internet-based technologies each passing day paves the way for the emergence of new digital approaches (National Research Council, 1995, pp. 177-182).

Social media, which entered our lives with the developments in internet technologies, has begun to emerge in the 1970s . However, the widespread use of social media could be possible in the 90s (Hendricks, 2019). Thanks to the concept of social media, individuals who have passive roles in front of media tools have turned into active users (Gencer, Daşlı, & Biçer, 2019). Thus, individuals can contribute to the stages of creating, preparing, and presenting content in new media (Kaplan & Haenlein, 2010).

New media is a mass communication tool that provides an opportunity for interaction, eliminates geographic boundaries, and provides quick and easy communication. New media includes all of the printed, visual, and audio media (Baruah, 2012). While this feature is referred to as multimedia, it has become the most used mass communication tool of the 21st century thanks to this feature.

Social media emerged with Web 2.0, which was regarded as the invention of the era (Kaya, 2014, p. 42). With Web 2.0 technology, we have been experiencing the Internet era of more fun and easy-to-use interaction environment. Thus, individuals have had the opportunity to produce content and share the content they produce thanks to Web 2.0 (Harrison & Barthel, 2009). With this opportunity, the new internet technology

enabled individuals to become active users by sharing articles on blogs, sending tweets, and sharing on social media networks.

The taboos of one-way communication in traditional media have been destructed with social media, and the age of multi-way and interactive communication has begun (Roy, 2016). The individuals have been increasingly engaging in social media each passing day since it is free and easy to use. Thanks to social media, individuals can take action to obtain information, to be aware, to create awareness, to have fun, and to share their thoughts freely (Sawyer, 2011).

Social media is distinguished from other mass media in terms of several important aspects. These features can be listed as follows (Gungor, 2011, pp. 312-313):

- It is an interactive environment,
- It can provide instant communication,
- It can be easily accessed,
- It costs less,
- It has an intensive information capacity,
- It has a multimedia feature,
- It has the capacity to form public opinion.

2.2.3.1 Social Media Tools and Health 2.0

Web 2.0 is the new generation web technology that enables internet users to produce creative content, act freely on the internet, and communicate easily in an interactive environment. Web 2.0, which has brought a different perspective to traditional internet usage, is based on the users taking an active role in the interaction environment (Darwish & Lakhtaria, 2011). The use of Web 2.0 technology has become widespread

after YouTube was developed by 3 employees of PayPal (Irak & Yazıcıoğlu, 2012, pp. 14-15).

With this technology, opportunities for socializing and interacting have arisen by "sharing" on the internet. The users can interact on the internet using options such as commenting, liking, and "retweeting".

Virtual networks offer users the opportunity to access the information they need, communicate with other individuals, share images and videos, and, even make money through collaborations recently. Various social media tools such as Instagram, which is also the subject of the present thesis, enable individuals to use these opportunities. Facebook, Instagram, Twitter, YouTube, and LinkedIn platforms are among the social media tools that emerged with Web 2.0 technology (Manovich, 2011, p. 78).

Facebook, one of the most used social media tools in the world, was founded by Mark Zuckerberg in 2004 (Phillips, 2007). Facebook offers the features of making friends online, sharing images, videos, and texts, messaging with other people, writing comments, liking posts, creating groups, and even engaging in commercial activities (Lenhart, 2007). Facebook has been used worldwide in a very short time since it is a free application.

On the other hand, Twitter is a social network where users usually share text messages whose number of characters is limited (Britannica, 2007). YouTube is the preferred site for video sharing and viewing (Snickars & Vonderau, 2009). Instagram, whose popularity has increased recently, is based on image and video sharing; however, new features such as story and live stream have been added with its updated versions.

Instagram has now become a business media where individuals can market a product or service (Statista, 2008).

In short, individuals can perform actions such as obtaining information, producing content, socializing, entertaining, making money and interacting by using social media tools.

2.2.4 Use of Social Media in Health and Its Effects on Public Health

Health communication aims to convey health information to society, raise awareness about diseases and treatment methods, and create a health perception. Social media, which is one of the mass media used to spread health communication, has a significant role in health studies due to its increasing popularity recently (Luque, 2015).

Manovich (2001, p. 9), defines social media as a platform for converting traditional media into digital data and computer-based content production, distribution, and sharing platform.

The fact that almost all individuals use social media in the 21st century has created the concept of the new media age (Manjula, 2015) . The healthcare sector has also started to use the advantages of social media (Koçak & Bulduklü, 2010, p. 8). Individuals frequently prefer social media networks particularly for obtaining medical information and information about diseases and treatment methods (Luque, 2015). Being aware of the latest developments in the medical sector easily through internet environments and sharing medical information by interacting with other individuals cause individuals to increase their medical information (National Research Council (US) Committee on Enhancing the Internet for Health Applications: Technical Requirements and Implementation Strategies., 2000).

Individuals tend to read and be influenced by the shared information and views about their own or a relative's diseases. In particular, individuals frequently share information about heart diseases, cancer, genetic and chronic diseases that are common in society.

People share information about diseases and their questions about the health problems they suffer in media such as blogs, participatory dictionaries, and social media tools (Choudhury, Morris, & White, 2014). In this way, other individuals who suffer from the same condition communicate and motivate each other. Thanks to the internet environment that eliminates distances, individuals have the opportunity to communicate with a doctor from a distance, obtain information, and ask questions (Yaş, 2020). Even in some cases, doctors can carry out the patients' treatment through internet environments.

Also in doctor-patient communication, individuals can obtain information about the doctor by following the profiles of doctors or reading the comments made by other users by using social media tools (Committee on Professional Liability. Committee Opinion No. 622, 2015).

The fact that almost everyone has a social media account recently has established a virtual world and enabled the individuals to meet all kinds of their needs in that world.

Social media tools, where all kinds of topics about health, which is the most important need of individuals, can be discussed and shared, attract the attention of doctors and hospitals as well as patients. Doctors and healthcare organizations started to advertise by creating profiles for themselves on social media. Especially private hospitals and

doctors in private practices frequently use this instrument (Tekayak, Akpınar, & Kırdök, 2017). For example, recently, the plastic and aesthetic surgeons have been trying to encourage other people to take the same health service by sharing "before and after" images of patients on social media after their operations (Walker, Krumhuber, Dayan, & Furnham, 2019). While this persuades several individuals to take treatment to recover from the disease, it may cause others to perform improper health behaviors such as undergoing unnecessary surgery.

Besides, healthcare professionals can communicate with each other on social media and have discussions among themselves on health (Tekayak, Akpınar, & Kırdök, 2017).

Social media's feature of forming public opinion and making its voice heard has been frequently used also in health communication activities (Brannstorm & Lindblad, 2009). Social media's instant and easy accessibility and awareness-raising features are used for important issues such as drawing attention to the use of noxious substances, raising awareness about a disease, and fundraising by launching a campaign thanks to "challenges".

The use of social media for medical issues reveals that social media tools have significant effects on public health. While sharing quality and reliable information has positive effects on public health, the spread of wrong and incomplete information in the internet environment, where there is a great variety of information, can cause vital risks in society (Lava-Navarra, Falciani, Sánchez-Pérez, & Ferrer-Sapena, 2020).

2.2.5 Levels of Social Media Interaction in Health Communication

Interaction in social media within the scope of health communication is carried out in the following levels: individual-individual, individual-mass, and individual-content (Anlı, 2019, p. 14).

2.2.5.1 Individual -Individual Interaction:

Individuals who are far away from each other can communicate verbally, non-verbally, in writing, or visually, using new communication technologies (BScOT & Llyod, 1990). Such individuals can send messages to each other, share videos, and images, or communicate using the video chat feature on medical issues. Interaction between the patient and the doctor who are away from each other and conduct the treatment process by making video phone calls can be given an example of this interaction level.

2.2.5.2 Individual-Mass Interaction:

It is the level of reaching the masses of a message shared on social media. With this level of interaction, individuals who are far from each other in time and space can interact with each other by writing comments on the same post. The case of writing a comment on medical contents shared on social media by people who do not know each other can be given example to individual-mass interaction (Anlı, 2019, p. 14).

2.2.5.3 Individual-Content Interaction:

This interaction level is based on the individual's interaction with communication technology. Individuals use communication technologies in accordance with their own needs and desires (Anlı, 2019, p. 14). The case of individuals' applying the desired filter while sharing videos and images and shaping the content according to their needs and desires can be given an example to this interaction level.

2.3 Theoretical Framework

2.3.1 Uses and Gratifications Theory

The Uses and Gratifications Approach has started to be used with the article of Blumler and Katz titled "The Uses of Mass Communications: Current Perspectives on Gratifications Research" and published in 1974 (Byrant, 2000, p. 361). While the first studies conducted within the scope of the Uses and Gratifications Theory were about the radio listeners' gratification with listening to the radio, later, the use of television caused the studies to focus on the uses of television and the viewers' gratification.

Recently, studies based on the Uses and Gratifications Theory generally focus on the subjects such as watching television and the gratification obtained from this use, and the use of new generation mass media and the gratification obtained at the end of this use.

Based on studies investigating the effects of communication on people, communication has been regarded as a science. It is observed that the first communication studies focus on the influence of the media. The reason for this case is the understanding that the media has an unlimited effect on people and the audience is positioned passively in front of the media.

Blumler and Katz's question of "What people do using the media, not what the media does to people?", which led to the end of an era in communication studies, revealed that the audience took an active role, not a passive role, in the face of media messages. Thus, important changes started to occur in communication studies.

The most important feature that distinguishes the Uses and Gratifications approach from the other theories on the interaction between other mass media and masses is its "active audience" understanding.

Television and other mass media cause many changes and new practices in the daily lives of individuals. The widespread use of the mass media arouses the curiosity of studying these tools and their effects on individuals. The Uses and Gratifications approach is used in the field of communication to meet this curiosity. Thus, the main purpose of the Uses and Gratifications approach is to reveal individuals' reasons to use mass media and the effects of media tools on individuals.

The Uses and Gratifications approach examines the effect of communication on mass media. To reveal the effects of mass communication on individuals, it is required to learn the individual's characteristics and motivations for using media. The Uses and Gratifications Theory is closely concerned with the questions of why individuals use media content and for what purpose they consume media content (Kocak & Bulduklu, 2010, p. 23).

The Uses and Gratifications Theory have the following basic principles (Williams, 2003, p. 177):

- Individuals use the media actively to meet their needs.
- Individuals are aware of their own purposes, they express their feelings and thoughts according to these purposes, and they use the media in this direction.
- The individuals have different motivations to use media, these cases can be revealed using the Uses and Gratifications approach.

The approach aims to reveal the differences between the gratification individuals intend to achieve before exposure to media content and the gratification they achieve after exposure to media content.

The Uses and Gratifications approach is based on two basic ideas. The first of these ideas is that the media viewer uses the media actively. The other idea is that the motivations and characteristics of the viewer need to be known to reveal the effect of mass communication. Other ideas on the Uses and Gratifications approach can be listed as follows (Palmgreen, Wenner, & Rayburn, 1980) (2001, p. 58):

1. Communication behavior is shaped regarding the purpose. Individuals use the media and media content for their purposes. These behaviors of individuals are functional, and these behaviors have individual and social consequences.
2. Individuals choose and use communication tools according to their wishes. Media is a tool for meeting the desires and needs of individuals.
3. Social and psychological factors are effective in the formation of communication behavior.
4. The media is in competition with other levels of communication. There is a relationship between the media and the individual.
5. The individuals are usually the more influential party in the media-individual relationship. The use of media occurs according to the individual's own request. Therefore, individuals' level of being influenced by media depends on individual characteristics as well as socio-cultural characteristics.

2.3.2 The Concept of Active Audience and Typologies of Media Use

The active audience concept has emerged with the Uses and Gratifications approach and formed the basis of this approach (Katz, Blumler, & Gurevitch, 1974, p. 15).

Studies on mass media have changed direction with the emergence of the active audience concept, and the studies on media have begun to focus on the audience.

The researchers, who conducted the first studies on the uses and gratifications approach categorized individuals' media usage. For example, Lazarsfeld focuses on the impact of radio programs on people, while Herzog focused on the satisfaction of housewives from their use of radio, Schramm et al. focused on the reasons why children watch television, and Katz and Foulkes focused on individuals' reasons for watching television (Ruggiero, 2000). Thus, the first studies conducted using the Uses and Gratifications approach focused on revealing the motivations of the audience rather than the effects of media.

Media usage typologies are limited to 5 groups, inspired by the categories of many researchers. These groups can be listed as follows (Greenberg, 1974)

1. Cognitive needs,
2. Personal integrative needs,
3. Affective needs,
4. Social integrative needs, and
5. Escape needs.

In summary, according to the Uses and Gratifications approach, individuals use media content in line with their wishes and needs.

Chapter 3

RESEARCH METHODOLOGY

This section included methodological aspect of this thesis. This study discusses research methodology, research design, population and sample, limitations, data collection instruments, data collection procedures and reliability and validity of research.

3.1 Research Methodology

In this study used the quantitative research method, aiming to reveal attitudes and behaviors through observation, test, and experiment in a way that they can be measured and quantified (Aliaga & Gunderson, 2002). The theoretical framework of the study was based on the Uses and Gratifications approach.

In this study, the survey method among quantitative data collection tools was used. The reason for choosing this method was that it provides easy access to a large number of participants with time and cost benefits. Survey research aims to collect standardized information from a systematically-selected population sample (Aldridge & Levine, 2001).

Quantitative research aims to empirically determine the relationship between independent variables and dependent variables. Here, the interaction between television health shows and their social media accounts is defined as an independent

variable, while the effects of this interaction on viewers and their communication with the shows are defined as a dependent variable.

3.2 Research Design

In the research design, face-to-face surveys were done to collect data on individuals watching "Zahide Yetiş'le", residing in Cyprus, and owning an Instagram account, and to reveal their communication by watching the show and interacting on the show's Instagram account.

The survey form was designed within the framework of the Uses and Gratifications approach to measure the motivation behind individuals for watching the television show, interacting with the show's Instagram account, and their gratification from this use.

The survey form consisted of three parts:

Part 1 includes 7 questions to determine the demographic characteristics of the participants. These are the first 7 questions on the survey form.

Part 2 consists of questions to measure the attitudes of the participants regarding the television show and the show's social media account.

These are questions 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 23, 29, 30 and 31 on the survey form.

The final part of the survey, **Part 3** includes 5-point Likert-type behavioral questions. This part consists of two tables and 48 sentences to determine the motivation and gains of the participants for watching TV health shows and using the shows' social media accounts.

The reflections of the research questions and the hypotheses in the survey are listed as follows:

- Research question 1 corresponds to question 22 and the sentences of the first table in Part 3,
- Research question 2 corresponds to question 26 and the sentences of the second table in Part 3,
- Research question 3 corresponds to questions 28 and 29 and the sentences of the second table in Part 3.

This section examining the research setting to reveal an up-close, in-depth, and detailed examination of the time and location of this study.

Location: The present study was conducted in Famagusta district of Turkish Republic of North Cyprus.

Time: While this survey study should have started in March 2020 it started in end of the June due to the Covid-19 pandemic that shook the world and it finished in end of the July 2020.

The scope of the study was determined based on the lack of TV health programs on Turkish Republic of Northern Cyprus TVs. The universe of this study consists of television health shows. The show with the highest rating among health shows on Turkish television was determined to be "Zahide Yetiş'le" on Show TV and it was included in this study.

3.3 Population and Sample

The purpose of this study the purposeful sampling method was used since the participants of the study had to meet the specified criteria. It is the sampling where the individuals participating in the research are deliberately selected due to their characteristics (Lavrakas, 2008).

In addition, since the study coincided with the Covid-19 pandemic, convenience sampling was used. (Lavrakas, 2008), “convenience sampling is a type of nonprobability sampling in which people are sampled simply because they are "convenient" sources of data for researchers”.

Based on convenience sampling, the location of research was determined as the district of Famagusta, where the researcher could easily reach the residents. Based on purposeful sampling method, a total of 353 people aged 18-55+, residing in Famagusta, Northern Cyprus, having watched/watching the show "Zahide Yetişle", and owning an Instagram account were determined as the participants of the study.

The limitations of the study occurred on the coincidence with the pandemic. The study was limited to July and the district of Famagusta.

3.4 Data Collection Instrument

In line with the purpose of the study a questionnaire method was used to measure of watching the television health program of participants' and usage their social media accounts and motivation. Danesi (2014), stated that we could learn the attitudes, beliefs and thoughts of the participants by asking direct questions through the questionnaire (Danesi, 2014, p. 259). While preparing a questionnaire for this study the survey forms

of similar studies in the literature were examined. After the reviewing, the researcher with the help of an expert and supervisor designed a questionnaire form consisting of important questions for the research. The questionnaire includes 3 sections consisting of a total of 79 questions these are demographic, usage and gratification.

3.5 Research Procedures

For this study, a questionnaire was designed with the contribution of my supervisor and a master in the field of research method. 2 pilot studies were carried out on 35 people with 1 month intervals using the surveys created. It was determined that the questions were understandable from the answers to the pilot study. After the final checks, the questionnaire form was submitted to the Eastern Mediterranean University ethical committee.

The data obtained from the surveys analyzed using the IBM SPSS software. Descriptive analysis frequency analysis, crosstabs analysis and factor analysis was thereafter conducted to present data and find the differences or relationships between variables.

3.6 Reliability and Validity of Research

The reliability of the research was made by calculating the Cronbach Alpha coefficient. With this calculation, the alpha (α) coefficient that tests the reliability of the scale used in the study was reached.

To measure the reliability and validity of the study a reliability test was applied to all 5-point Likert questions (48 expressions excluding demographic and characteristic questions) of two pilot studies conducted on 35 participants.

The Cronbach's Alpha value of the first table containing attitude judgments prepared according to the 5-point Likert scale in the questionnaire was found to be 0.855 and the Cronbach's Alpha value of the second table was found to be 0.925. The reliability coefficient of the research has a value between 0.80 and 1, and the fact that it has a value in this range indicates that the study has a high success in terms of reliability and consistency. Accordingly, the 0.855 and 0,925 Alpha value found in the research indicates that the research is highly reliable.

Chapter 4

ANALYSIS & FINDINGS

This chapter presents data analysis and the results of the study. Data from the participants were entered into the SPSS 22.0 statistics software and appropriate statistical analysis was conducted to answer the research questions and to test the hypotheses. Descriptive statistical analysis, frequency analysis and crosstabs analysis were applied to the data obtained from the questionnaires.

4.1 Descriptive Statistics

Descriptive statistics reflect the numerical values of the demographic characteristics of the sample. (Thompson, 2009).

Here, all data on the demographic characteristics of the participants are provided. The next step includes descriptive results of the answers to questions prepared to reveal the participants' health behaviors, their use of mass media tools to obtain health information, their use of television health programs and the programs' social media accounts, and their views on this use.

In the last step, we tested the hypotheses regarding watching television health programs and following these programs' social media accounts.

4.1.1 Demographic Characteristics of Respondents

The demographic characteristics used in the analysis include gender, age, education level, marital status, occupation, monthly income status, and having children.

Table 1: Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Female	263	74.5	74.5	74.5
Male	90	25.5	25.5	100.0
Total	353	100.0	100.0	

Examining the table above, we see that all participants answered the question of gender. According to Table 1, the 353 individuals participating in the questionnaire consisted of 263 (74.5%) females and 90 (25.5%) males.

Table 2: Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-25	124	35.1	35.1	35.1
26-35	102	28.9	28.9	64.0
36-45	46	13.0	13.0	77.1
46-54	51	14.4	14.4	91.5
55+	30	8.5	8.5	100.0
Total	353	100.0	100.0	

Considering the ages of the participants, there were 124 (35.1%) participants aged between 18-25 years, 102 (28.9%) aged between 26-35, 46 (13.0%) aged between 36-45, 51 (14.4%) aged between 46-54, and 30 (8.5%) aged above 55. Table 2 indicated that the age group with the highest participation was 18-25 years and the group with the least participation was 55 and above.

Table 3: Distribution of Education Level

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Primary school graduate	45	12.7	12.7	12.7
Secondary school graduate	76	21.5	21.5	34.3
High school graduate	68	19.3	19.3	53.5
Vocal school degree	32	9.1	9.1	62.6
Undergraduate degree	114	32.3	32.3	94.9
Postgraduate degree	18	5.1	5.1	100.0
Total	353	100.0	100.0	

The frequency analysis regarding education level shows that, of the participants, 32.3% had an Undergraduate's degree, 21.5% graduated from secondary school, 19.3% graduated from high school, 12.7% graduated from primary school, 9.1% had an vocal school degree, and 5.1% had a Postgraduate's degree.

Table 4: Distribution of Marital Status of the Participants

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Married	166	47.0	47.0	47.0
Single	166	47.0	47.0	94.1

Divorced	16	4.5	4.5	98.6
Widowed	5	1.4	1.4	100.0
Total	353	100.0	100.0	

Table 4 presents the frequency analysis results on the marital status of the participants. According to Table 4, of the 353 participants, 166 (47.0%) were married, 166 (47.0%) were single, 16 (4.5%) were divorced, and 5 (1.4%) were widowed.

Table 5: Distribution of Profession

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Commercial activities (tradesman-craftsman)	26	7.4	7.4	7.4
Worker	67	19.0	19.0	26.3
Student	97	27.5	27.5	53.8
Retired	22	6.2	6.2	60.1
Public official	20	5.7	5.7	65.7
Housewife	88	24.9	24.9	90.7
Dentist	8	2.3	2.3	92.9
Architect	5	1.4	1.4	94.3
Manager	5	1.4	1.4	95.8
Nurse	3	.8	.8	96.6
Physiotherapist	1	.3	.3	96.9

Farmer	3	.8	.8	97.7
Unemployed	8	2.3	2.3	100.0
Total	353	100.0	100.0	

The results here showed that most of the individuals were students (27.5%). Students were followed by housewives (24.9%). Table 5 indicates that only one participant was a physiotherapist, and eight were unemployed.

Table 6: Monthly Income Status (Total Household Income)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Below 1500 TL	35	9.9	9.9	9.9
1501-2500 TL	32	9.1	9.1	19.0
2501-3500 TL	105	29.7	29.7	48.7
3501-5000 TL	95	26.9	26.9	75.6
5000+ TL	86	24.4	24.4	100.0
Total	353	100.0	100.0	

Table 6 includes the statistical results of the answers regarding monthly income status. According to Table 6, most participants had a total household income of 2501-3500 TL (29.7%) and 3501-5000 TL (26.9%), while only a few participants had a monthly income of 1501-2500 TL.

Table 7: Having Children

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	176	49.9	49.9	49.9
No	177	50.1	50.1	100.0
Total	353	100.0	100.0	

All of the participants answered the question of whether they had any children. According to the data given in Table 7, 50.1% of the participants had no children, and 49.9% had.

Table 8: Do You Have a Health Problem That Requires Regular Medication and Treatment?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	102	28.9	28.9	28.9
No	251	71.1	71.1	100.0
Total	353	100.0	100.0	

To the question "do you have a health problem that requires regular medication and treatment?", 251 respondents answered "no" and 102 answered "yes". 71.1% of the participants had no health problems, while 28.9% had a health problem.

Table 9: What Is Your Illness That Requires Regular Treatment or Medication ?

	Responses		Percent of Cases
	N	Percent	
Question 9 ^a			
PCOS (Polycystic ovary syndrome)	8	5.2%	7.8%
OCD	3	1.9%	2.9%
Iron deficiency anemia	9	5.8%	8.7%
Cancer	6	3.9%	5.8%
Migraine	7	4.5%	6.8%
Cholesterol	8	5.2%	7.8%
Women's diseases	6	3.9%	5.8%
Restless legs syndrome	3	1.9%	2.9%
Allergies	10	6.5%	9.7%
Vitamin deficiency	1	0.6%	1.0%
Asthma	10	6.5%	9.7%
Heart disease	9	5.8%	8.7%
Obsessive-Compulsive	1	0.6%	1.0%
Thyroid/Goiter	15	9.7%	14.6%
Visual impairment	2	1.3%	1.9%
Herniated disk	5	3.2%	4.9%
Orthopedic disease	2	1.3%	1.9%
Blood pressure	19	12.3%	18.4%
Intestinal disease	2	1.3%	1.9%
Diabetes	11	7.1%	10.7%

Ulcerative colitis	4	2.6%	3.9%
Rheumatoid arthritis	3	1.9%	2.9%
Systemic lupus erythematosus (SLE)	1	0.6%	1.0%
Panic attack	3	1.9%	2.9%
Vertigo	3	1.9%	2.9%
Kidney disease	2	1.3%	1.9%
Epilepsy	2	1.3%	1.9%
Total	155	100.0%	150.5%

Table 9 shows the statistical data for the 155 answers to the question "What is your illness that requires regular treatment or medication?". According to the results in Table 9, the most common disease was blood pressure (12.3%). It was followed by thyroid/goiter (9.7%), diabetes (7.1%), asthma (6.5%), and allergies (6.5%). The least common diseases were systemic lupus erythematosus (SLE) (0.6%), obsessive compulsive disorder (0.6%), and vitamin deficiency (0.6%). Because most participants consisted of women, a significant majority had PCOS (polycystic ovary syndrome) (5.2%).

Table 10: Under What Conditions Do You Go to a Health Institution?

	Responses		Percent of Cases
	N	Percent	
Question 10 ^a			
I go when I'm sick	304	35.5%	86.1%
I go for general	171	20.0%	48.4%

check-up			
I go in an emergency situation	228	26.6%	64.6%
I go for a medical visit	154	18.0%	43.6%
Total	857	100.0%	242.8%

Table 10 shows the frequency analysis of the answers to the question "Under what conditions do you go to a health institution?". A total of 857 answers were given to question 10, which had 5 options. According to the analysis, 35.5% of the respondents go to a health institution when they are sick and 26.6% I go in an emergency situation. The lowest frequency was observed in visit, constituting 18% of the responses.

Table 11: What is Your Reason for Going to a Health Facility Most Recently?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid I went for an illness.	120	34.0	34.0	34.0
I went for a general check-up	59	16.7	16.7	50.7
I went to get tested	58	16.4	16.4	67.1
I went for te pandemic check-up	8	2.3	2.3	69.4
I went for an emergency	31	8.8	8.8	78.2

I went for prescription	24	6.8	6.8	85.0
I went to get a sick leave	4	1.1	1.1	86.1
I went for a medical visit	18	5.1	5.1	91.2
I went to accompany a relative	29	8.2	8.2	99.4
Motor vehicle accident	2	.6	.6	100.0
Total	353	100.0	100.0	

Table 11 presents the frequency analysis of the question "What is your reason for going to a health facility most recently". According to the analysis, 120 (34.0%) people went to a healthcare facility for an illness and 59 (16.7%) people went for a general check-up. I went to get a sick leave was the least frequent response for went to a health institution. Two of the participants chose the "other" option, stating that they went for a motor vehicle accident.

Table 12: To Whom or Where Do You Consult to Get Health Information?

Question	Responses		Percent of Cases
	N	Percent	
12 ^a My doctor	312	37.2%	88.4%
Anyone of my relatives	28	3.3%	7.9%

A medical personnel that I know	122	14.6%	34.6%
The newspaper	2	0.2%	0.6%
Television	118	14.1%	33.4%
The Internet	188	22.4%	53.3%
Social media	68	8.1%	19.3%
Total	838	100.0%	237.4%

Of the 838 answers given to the question "to whom or where do you consult to get health information", 37.2% stated their doctors, 22.4% stated the internet, 14.6% pointed to their medical personnel relatives, 14.1% said television, 8.1% stated social media, 3.3% stated anyone of my relatives and 0.2% mentioned newspapers. Hence, most participants receive health information from their doctors and television.

4.1.2 Frequency Analysis Findings On Mass Media Use

Table 13: What is the Mass Media You Use the Most?

	Responses		Percent of Cases
	N	Percent	
Question 13 ^a Television	210	28.0%	59.5%
Newspaper	20	2.7%	5.7%
Radio	3	0.4%	0.8%
Magazine	1	0.1%	0.3%

The internet	255	34.0%	72.2%
Social media (Facebook, Instagram, Twitter, YouTube, etc.)	260	34.7%	73.7%
Total	749	100.0%	212.2%

Table 13 shows the frequency analysis of the question "What is the mass media you use the most?". According to the analysis, of the 749 answers to question 13, 260 (34.7%) stated social media, 255 (34.0%) stated the internet, and 210 (28.0%) stated television. As can be derived from Table 13, the most used mass communication tools were social media and the internet.

Table 14: How Many Hours On Average Do You Watch TV Per Day?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1-2 hours	216	61.2	61.2	61.2
3-5 hours	100	28.3	28.3	89.5
More than 5 hours	37	10.5	10.5	100.0
Total	353	100.0	100.0	

According to the participants' responses, 216 (61.2%) people stated that they watch television for 1-2 hours a day and 100 (28.3%) stated that they watch television for 3-

5 hours. 10.5% (37) of the participants reported that they watch television for more than five hours a day.

Table 15: Do You Have Any Social Media?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes, I have	353	100.0	100.0	100.0

Table 15 contains the frequency analysis of the answers to the question "Do you have any social media". According to Table 15, all participants stated that they have social media.

Table 16: What is the Social Media Network You Use the Most?

	Responses		Percent of Cases
	N	Percent	
Question 16 ^a Facebook	137	18.7%	38.8%
Twitter	31	4.2%	8.8%
Instagram	293	40.0%	83.0%
Snapchat	9	1.2%	2.5%
YouTube	74	10.1%	21.0%
Linkedin	4	0.5%	1.1%
WhatsApp	184	25.1%	52.1%
Total	732	100.0%	207.4%

Another question to measure the participants' use of mass media tools was on what is the social media network they used the most. Table 16 shows the distribution of the social media networks that the participants used the most. The question received 732 answers in total. According to the table, 40% stated Instagram, 25.1% stated Whatsapp, 18.7% stated and 10.1% stated Youtube. Accordingly, the most used social media network was Instagram and the least used were Snapchat and LinkedIn.

Table 17: How Many Hours Per Day Do You Spend On Social Media?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1-2 hours	121	34.3	34.3	34.3
3-4 hours	94	26.6	26.6	60.9
4-5 hours	56	15.9	15.9	76.8
More than 5 hours	82	23.2	23.2	100.0
Total	353	100.0	100.0	

The question to determine the daily social media use of the participants received answers from all participants. Table 17 contains the distribution of the answers given to the question. Accordingly, about one in three (34.3%) stated that they use social media for 1-2 hours a day, a little over one in four (26.6%) stated that they use it for 3-4 hours, 23.2% stated that they use it for more than 5 hours and 15.9% stated that they use social media for 4-5 hours.

Table 18: Why Do You Use Social Networks?

	Responses		Percent of Cases
	N	Percent	
Question 18 ^a			
To be informed	293	38.5%	83.0%
For fun	174	22.8%	49.3%
To socialize	123	16.1%	34.8%
To make friends	19	2.5%	5.4%
To make use of my free time	153	20.1%	43.3%
Total	762	100.0%	215.9%

Table 18 presents the frequency analysis of the 762 answers to question 18, consisting of six options, prepared to determine why the participants use social media. According to the table, more than one in three (38.5%) of the answers were regarding being informed and a little below one in four (22.8%) were regarding fun. Of the answers, 153 (20.1%) were regarding spending free time, 123 (16.1%) were about socializing and only 19 (2.5%) were regarding making friends. Accordingly, a significant portion of the participants uses social media to be informed.

4.1.3 The Use of Television Health Programs and Social Media Accounts and Frequency Analysis of Opinions On This Use

Table 19: Do You Watch Health Programs on TV?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Yes	156	44.2	44.2	44.2
Sometimes	197	55.8	55.8	100.0
Total	353	100.0	100.0	

One of the questions to determine the opinions of the individuals on television health programs was regarding whether they watch health programs on television. All participants answered this question. Table 19 shows the frequency analysis of whether the participants watch television health programs. According to the table, almost 56% (197 people) of the participants stated that they watch health programs sometimes, while about 45% (156 people) stated that they do watch television health programs.

Table 20: How Often Do You Watch Health Programs On TV?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Every day	32	9.1	9.1	9.1
Once a week	20	5.7	5.7	14.7
Several days a week	62	17.6	17.6	32.3
I watch when I come across	159	45.0	45.0	77.3
When I can't find anything else to watch	19	5.4	5.4	82.7
When the subject or guest attracts my attention	61	17.3	17.3	100.0
Total	353	100.0	100.0	

Table 20 shows the frequency analysis of question 20, which was prepared to measure the frequency of watching television health programs. According to the table, almost half of the participants (45.0%) stated that they watch television health programs only

when they come across. A little over one in six (17.6%) stated that they watch television health programs a several days a week, 17.3% (61 people) stated they watch said shows only when they're interested in the subject or the guest and 9.1% (32 people) stated that they watch them every day.

Table 21: What Kind of Programs Do You Watch on TV to Get Information Related to Health?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Health programs	104	29.5	29.5	29.5
Health related parts of women programs	184	52.1	52.1	81.6
Broadcast news	65	18.4	18.4	100.0
Total	353	100.0	100.0	

Table 21 contains the frequency analysis of “what kind of programs do you watch on TV to get information related to health”. According to the table, more than half (184) stated that they watch the health related parts of women programs, about 30% stated that they watch programs and about one in five (65) stated that they watched broadcast news. As a result of the gender analysis of the participants revealing a significantly high number of female participants, there was a correlation in preferring to watch women's shows among the answers to this question.

Table 22: What Is Your Motivation/Incentives to Watch Health Programs on TV?

I watch;	Frequency	Percent	Valid Percent	Cumulative Percent
Valid To get information about health	113	32.0	32.0	32.0
Depending on the subject discussed or the guest who attracts my attention	58	16.4	16.4	48.4
The topics if a discussion is carried out related to my illness	23	6.5	6.5	55.0
When one of my relative's sickness is being discussed.	6	1.7	1.7	56.7
To be up dated on health-related developments	69	19.5	19.5	76.2
If an epidemic is discussed	27	7.6	7.6	83.9
To get informed about lining healthy and for alternative medicine recipes	33	9.3	9.3	93.2
To get information on aesthetics/beauty/care issues.	9	2.5	2.5	95.8
To get information from the experts about subjects that is not discussed normally in daily life routine.	9	2.5	2.5	98.3
When I have nothing has to do.	6	1.7	1.7	100.0
Total	353	100.0	100.0	

Another question to measure participants' views on television health programs was related to their motivation/incentives to watch health programs on TV. Table 22 presents the results of the frequency analysis of the answers to the question. According to the table, about one in three (32.0%/113 people) stated that they watch television health programs to get information about health, about 20% (69) stated that they watch television health programs to be up dated on health-related developments and one in six (16.4%/58 people) stated that they watch television health programs because they are interested in the subject or the guest. Of the 353 participants who answered the question, 33 (9.3%) stated that they watch television health programs for living healthy and alternative medicine recipes, while 27 (7.6%) watch television health programs because an epidemic is discussed. The fact that the current study was conducted during the Covid-19 pandemic has had a positive effect on the motivation of watching television health programs since the epidemic is discussed.

Table 23: Which Issues are You Interested in Health the Most?

	Responses		Percent of Cases
	N	Percent	
Question 23 ^a All kind of health issues	183	28.5%	51.8%
Life-long health, alternative medicine, and natural treatment methods	154	24.0%	43.6%
Nutrition, diet, and exercise	148	23.1%	41.9%
Aesthetics	50	7.8%	14.2%

	Diseases and treatment methods	107	16.7%	30.3%
Total		642	100.0%	181.9%

Table 23 includes the frequency analysis findings of answers to the question regarding which issues are you interested in health the most. According to the table, 642 answers were collected, and 28.5% (183) consisted of all kind of health issues, 24% (154) were related to life-long health, alternative medicine, and natural treatment methods, 23.1% (148) were on nutrition, diet, and exercise, 16.7% (107) were related to diseases and treatment methods, and 7.8% (50) were related to aesthetics.

Table 24: Do You Follow the Social Media Accounts of TV Health Programs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes, I do.	87	24.6	24.6	24.6
No, I don't.	112	31.7	31.7	56.4
I check it up occasionally.	154	43.6	43.6	100.0
Total	353	100.0	100.0	

One question to determine the correlation between television health programs and social media accounts was the question "Do you follow the social media accounts of television health programs". Table 24 contains the frequency analysis of this question.

Accordingly, all participants answered this question, with 154 (43.6%) of the 353 participants stating that they check it up occasionally these social media accounts. Less than one in three (31.7% / 112 people) answered no to the question, while about 24.6% (87) stated that they follow the accounts.

Table 25: Which Social Media Network Would You Prefer Following Pertaining to Health Programs?

		Responses		Percent of Cases
		N	Percent	
Question 25 ^a	Facebook	109	19.4%	31.1%
	Twitter	18	3.2%	5.1%
	Instagram	304	54.1%	86.9%
	YouTube	131	23.3%	37.4%
Total		562	100.0%	160.6%

Table 25 shows the frequency analysis of the answers of the participants' to the question "Which social media network would you prefer following pertaining to health programs". The question had 5 options and 562 answers were received. A little more than half of the answers (54.1%) were related to Instagram, 23.3% (131 answer) were for YouTube, 19.4% (109 answer) were for Facebook and 3.2% (18) were for Twitter. Accordingly, a significant portion of the participants prefers to follow the Instagram accounts of the health shows they watch.

Table 26: What is Your Motivation/Incentives for Following Social Media Accounts of Health Programs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I follow to see what will happen in the next episode	98	27.8	30.9	30.9
	I follow to get information about the condition of the hosted patient	74	21.0	23.3	54.3
	I follow to contact the invited doctor	40	11.3	12.6	66.9
	I follow to get information about the programs I missed	94	26.6	29.7	96.5
	I follow to communicate with other followers regarding the program	11	3.1	3.5	100.0
	Total	317	89.8	100.0	
Missing	99.00	36	10.2		
Total		353	100.0		

Asked to determine what the participants' motivations/incentives for following social media accounts of health programs, this question received answers from 317 (89.8%) of 353 participants. Table 26 shows the frequency analysis of the answers obtained

from these 317 people. According to the analysis results, of the 317 participants, a little less than one in three (27.8%) stated that they follow the social media accounts to see what will happen in the next episode and 94 (26.6%) people stated that they follow to get information about the programs they missed. The least frequent answer to this question was following the accounts for communicating with other followers regarding the program with a rate of 3.1% (11).

Table 27: Do You Write Comment To The Posts in Social Media Accounts of Health Programs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes, I usually do	41	11.6	11.6	11.6
From time to time	111	31.4	31.4	43.1
Never	201	56.9	56.9	100.0
Total	353	100.0	100.0	

Participants in the research were asked to determine whether they interacted with/commented on the posts of social media accounts belonging to health programs; this question was answered by all the participants. Table 27 contains the frequency analysis of whether the individuals comment on the posts of health programs' social media accounts. According to the table, we find that a significant portion of the

participants, at about 56.9% (201), do not comment on the posts. A little over one in three (31.4% /111 people) stated that they comment on the posts from time to time, with 11.6% (41) stating they usually do it.

Table 28: What is Your Reason to Comment on Social Media Accounts of Health Programs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid I comment to criticize or advise about the section of program	35	9.9	22.7	22.7
I comment to ask questions to the invited doctor.	56	15.9	36.4	59.1
I comment to ask for help regarding my illness or medical problem	23	6.5	14.9	74.0
I comment to criticize about the program's host or the guests	2	.6	1.3	75.3
I comment to catch up with something I missed during the program	13	3.7	8.4	83.8
I comment to communicate with other users who comment	11	3.1	7.1	90.9

I comment to communicate with other users writing comments about my illness or my relative's illness.	13	3.7	8.4	99.4
I comment to add followers to my social media account	1	.3	.6	100.0
Total	154	43.6	100.0	
Missing 99.00	199	56.4		
Total	353	100.0		

Table 28 includes the frequency analysis of the answers to the question "why do you comment on these posts". According to Table 28, 154 (43.6%) of the 353 participants answered this question. Of the 154 answers, a little over one in three (15.9%) are asking questions to the invited doctor, 9.9% are to criticize or advice about the section of program and 6.5% were about commenting to ask for help regarding an illness or problem. The least frequent answer here was comment to add followers to my social media account, with a rate of s 0.3%. According to the content analysis that I have used for this research, a significant portion of the content of the comments on the Instagram account of the TV show " Zahide Yetiş'le" consisted of comments made on the "question of the day", comments made to ask questions to the guest expert or the host, and comments made to ask for help for a problem or to ask questions about health information. There was a significant correlation between the results of the content analysis and the answers to the question "why do you comment on these posts".

Table 29: In Your Opinion, Do the Social Media Accounts of Health Programs Affect Rating?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes, I think so.	325	92.1	92.1	92.1
No, I don't think so.	28	7.9	7.9	100.0
Total	353	100.0	100.0	

Table 29 shows the frequency analysis of the answers to the question "in your opinion, do the social media accounts of health programs affect rating", which was asked to reveal the opinions of the participants on the correlations between television health programs and their social media accounts. According to Table 29, most participants 92.1% (325) stated that social media accounts indeed affect the ratings of health programs, while only 28 (7.9%) of the 353 participants stated that they did not think so.

Table 30: In your Opinion, Do Health Programs Respond To The Comments On Social Media Accounts?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes, I think they do.	185	52.4	52.4	52.4
No, I don't think they pay any attention.	168	47.6	47.6	100.0
Total	353	100.0	100.0	

Table 30 includes the frequency analysis of the participants' opinions on “whether the health programs respond to comments on their social media accounts”. Considering Table 30, it seems that all the participants answered this question. A little over half (52.4%) stated that the health shows responded to the comments on their social media accounts, while 47.6% (168) stated that they don’t think they pay any attention.

Table 31: Do Comments About Physicians, Hospitals, and Treatment Methods On Social Media Accounts of TV Health Programs Affect Your Opinions?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	119	33.7	33.7	33.7
Sometimes	189	53.5	53.5	87.3
No	45	12.7	12.7	100.0
Total	353	100.0	100.0	

Table 31 shows the frequency analysis findings of "whether the comments made on the social media accounts of television health programs about physicians, hospitals and treatment methods affect the opinions of the participants", which is the latest finding to question the participants' views on the interaction between television health programs and social media accounts. According to the table, a significant majority (53.5%) stated that they are sometimes affected by the comments, a little over one in three (33.7%) stated they were indeed affected by the comments and 12.7% stated they were not affected.

4.1.4 Findings Regarding the Attitude of Following Health Programs Broadcasted on Television and Following Social Media Accounts

The demographic characteristics, health behaviors, use of mass media tools, and descriptive findings on their use of television health shows and their social media accounts were evaluated.

Participants' attitudes towards watching television health shows and following their social media accounts were measured using a five-point Likert-type scale. Table 32 shows the descriptive analysis findings of the responses from the participants.

Table 32: I Watch Television Health Programs Because:

	N	Minimum	Maximum	Mean	Std. Deviation
32. I learn current developments relating to health.	353	1.00	5.00	4.3598	.68529
33. I get more information about diseases and health.	353	1.00	5.00	4.2861	.68694

34. I get information about my and/or relatives' diseases.	353	1.00	5.00	4.2550	.76696
35. I learn about health issues from these programs that contact people around me.	353	1.00	5.00	3.5977	1.14177
36. It is a habit for me to watch these programs.	353	1.00	5.00	2.4334	1.20685
37. I understand how precious health is by watching these programs.	353	1.00	5.00	3.7082	1.08312
38. It helps me make use of my free time.	353	1.00	5.00	3.2181	1.10552
39. It allows me to spend quality and fun time.	353	1.00	5.00	3.1190	1.25341
40. Thanks to these programs, I learn the methods of disease prevention.	353	1.00	5.00	4.0227	.86244
41. When I see the patients who are hosted in the program recover from their illnesses, I feel stronger thinking that I will get rid of my illness one day.	353	1.00	5.00	3.4504	1.14736
42. I can chat with other people about health thanks to these shows.	353	1.00	5.00	3.6261	1.14891

43. Sometimes I feel like the doctor in the program is talking about my problem while talking about a subject.	353	1.00	5.00	3.7989	1.00102
44. Seeing people who are in the same situation with me supports me spiritually.	353	1.00	5.00	3.4844	1.16063
45. Thanks to these programs, I got rid of my bad habits.	353	1.00	5.00	2.3881	1.21289
46. Thanks to these programs, I started to exercise and eat regularly.	353	1.00	5.00	2.7479	1.30837
47. I find the suggestions given in the program to be important to follow.	353	1.00	5.00	3.4334	1.08278
48. I watch them because there's nothing worth watching on other channels.	353	1.00	5.00	2.9433	1.16393

49. I go to health institutions less frequently when I following these programs.	353	1.00	5.00	2.4334	1.26433
50. Sometimes I trust these shows more than my doctor.	353	1.00	5.00	2.1416	1.19054
51. I watch them with an interest to find out how people who participated in the program get cured for their diseases.	353	1.00	5.00	3.6261	1.14396
52 I watch to learning natural/herbal treatment methods instead of standart medication.	353	1.00	5.00	3.7904	1.15366
53. The program offers an opportunity to get exposed to the invited doctor who is difficult and expensive to reach otherwise.	353	1.00	5.00	3.5892	1.32656
Valid N (listwise)	353				

Table 32 shows the descriptive analysis of the responses to the statements prepared to measure the motivations of participants for watching television health programs. According to the table, answers to statement 32, "I learn current developments relating to health" had an average score of 4.35. Accordingly, most responses consist of "agree" or "strongly agree".

Answers to statement 33, "I get more information about diseases and health" had an average score of 4.28. Accordingly, most answers to this statement consist of positive answers.

According to the frequency analysis of the answers to statement 34, "I get information about my and/or relatives' diseases", 165 of the 353 participants stated that they agree and 145 strongly agree. Nine of the participants stated that they disagreed with this statement. The average of the descriptive analysis results of the 34th item is 4.25.

According to the descriptive analysis of the responses, the statement "I learn about health issues that contact people around me " had an average of 3.59. According to the descriptive analysis of the responses to statement 35, a little less than one in three (34.3%) answered "agree", 24.6% answered "strongly agree", 21.8% neither agreed nor disagreed, 14.7% disagreed and 4.5% strongly disagreed.

The statement "It is a habit for me to watch these programs" had an average of 2.43. This shows that, overall, the participants had negative answers to this statement. This is discussed in detail in the frequency analysis of statement 36, where a little over one in three (35.4%) stated that they disagreed, 19.5% neither agreed nor disagreed and 12.7% agreed. Accordingly, watching health shows is not a habit for the majority of the participants.

The descriptive analysis of statement 37 indicates an average of 3.70. Hence, the participants had positive attitudes towards sentence 37. According to the frequency analysis of statement 37, 41.4% of the participants agreed, 24.9% strongly agreed and 16.1% neither agreed nor disagreed to "I understand how precious health is" statement.

Table 32 shows the descriptive analysis of the statement "I watch television health programss because it helps me make use of my free time". According to Table 32, this statement had an average of 3.21. According to the frequency analysis of statement 38, of the 353 participants, 119 answered "I agree", 101 neither agreed nor disagreed and 19.3% disagreed. Accordingly, the responses to statement 38 were neither positive nor negative.

The answers seen in sentence 39 in Table 32 had an average of 3.11. Accordingly, the participants answered this statement, "It allows me to spend quality and fun time." neither positively nor negatively.

The statement " Thanks to these programs, I learn the methods of disease prevention." had an average of 4.02. This indicates that most participants responded positively to this statement. According to the frequency analysis of statement 40, more than half of the participants (53.5%) answered: "I agree".

According to the descriptive analysis results of statement 41, the participants gave answers with an average of 3.45. Accordingly, the participants neither agreed nor disagreed with the statement "When I see the patients who are hosted in the program recover from their illnesses, I feel stronger thinking that I will get rid of my illness one day ".

Table 32 includes the descriptive analysis of the statement "Sometimes I feel like the doctor in the program is talking about my problem while talking about a subject". According to Table 32, this statement got an average of 3.79. This shows that the participants responded positively or close to positive to statement 43.

According to Table 32, statement 44 had an average of 3.48. According to the average, the attitudes of the participants towards statement 44 could be defined as agree and neither agree nor disagree.

The average of the responses to the statement "Thanks to these programs, I got rid of my bad habits " is given in Table 32 with an average of 2.38. According to the analysis, a significant portion of the participants stated that they did not quit their bad habits thanks to such health shows.

According to the descriptive analysis of statement 46, the statement had an average of 2.74. This shows that most participants did not gain regular eating and exercise habits thanks to such health shows.

The average of the responses to the statement "I find the suggestions given in the program to be important to follow " was found to be 3.43. According to the analysis, the participants answered this statement slightly more positively than the average.

Table 32 includes the descriptive analysis of statement 49. According to this table, the average of the responses to this statement was 2.43. Moreover, the frequency analysis of statement 49 shows that a little over one third (33.7) disagreed with the statement, while 27.8% strongly disagreed. Hence, a significant portion of the participants disagreed with the statement "I go to health institutions less frequently when I following these programs ".

The average responses to the statement "Sometimes I trust these programs more than my doctor" in Table 32 were found to be 2.14. According to the frequency analysis of

statement 50, 36.3% of the participants strongly disagreed, while 35.4% disagreed. The results show that most participants did not trust these programs more than their doctors.

The average of the responses to the statement “I watch to learning natural/herbal treatment methods instead of standart medication” was 3.79. Hence, most responses to statement 52 were "agree" and "strongly agree".

Table 33: I Follow the Social Media Accounts of Television Health Shows Because:

	N	Minimum	Maximum	Mean	Std. Deviation
54. I can interact thanks to social media accounts.	353	1.00	5.00	3.7422	1.10467
55. Social media accounts come in handy prompt use.	353	2.00	5.00	4.4023	.65470
56. I get to be informed about the daily program broadcast, in advance.	353	1.00	5.00	3.7989	.99533
57. I find out who the experts participating in the program will be and which topics will be discussed ahead of time and watch the program respectively.	353	1.00	5.00	3.6091	1.09239
58. I discover the update on the hosted patients treated by the program.	353	1.00	5.00	3.7365	1.07727

59. I can catch up with the programs I missed.	353	1.00	5.00	3.9292	1.04342
60. When talking about my illness and/or a relative's illness, I can write comments and ask questions instantly.	353	1.00	5.00	2.7195	1.42943
61. I can direct questions to the invited doctor and the host.	353	1.00	5.00	2.6006	1.35751
62. I can read the comments of other viewers and be aware of different opinions.	353	1.00	5.00	3.8867	1.02173
63. By reading the comments of other users, I develop an opinion concerning the doctor.	353	1.00	5.00	3.8470	1.02766
64. I can get informed by reading the comments of people who practiced a treatment method mentioned in the program.	353	1.00	5.00	3.9603	.98777
65. I can communicate with people by responding to other users' comments.	353	1.00	5.00	2.5156	1.31227

66. I get motivated by communicating with people who have the same condition.	353	1.00	5.00	2.4759	1.27034
67. I find the opinions of other people important and I practice some treatment methods after reading about them in the comments.	353	1.00	5.00	3.0283	1.28995
68. The opinions of others are important for me therefore I prefer to read the comments on social media about doctors and hospitals before making a decision to pay a visit.	353	1.00	5.00	3.5411	1.11505
69. I can ask questions easily and for free to a doctor who has a high visit fee.	353	1.00	5.00	2.7394	1.41624
70. I can get prompt answers to my questions from the program..	353	1.00	5.00	2.2550	1.11428
71. I can answer the daily question addressed on the program and can sometimes get the host to read my comment.	353	1.00	5.00	2.3711	1.17307

72. I get information from other people about the topics I missed by writing comments under the posts.	353	1.00	5.00	2.5807	1.28358
73. I can criticize the doctors or the program.	353	1.00	5.00	2.6856	1.31003
74. I can ask for help here regarding my illness or another topic.	353	1.00	5.00	2.8187	1.28186
75. I think I will get answers to my questions and to my calls for help.	353	1.00	5.00	2.9207	1.28781
76. Sometimes when I am outside, I can follow the program via live broadcast on social media.	353	1.00	5.00	3.1926	1.18574
77. I can direct a question I want to ask in private thanks to the direct message feature.	353	1.00	5.00	3.0652	1.39958
78. The host sometimes chooses some of the comments and even direct it to the invited doctor live, on TV.	353	1.00	5.00	3.5694	1.10081
79. I share my appreciation for the invited doctor and/or the treatment mentioned.	353	1.00	5.00	3.2691	1.30714
Valid N (listwise)	353				

Table 33 illustrates the descriptive analysis of the statements prepared to determine whether the participants follow the social media accounts of television health programs and their gratification levels with following these social media accounts.

Table 33 shows that the mean of the responses to item 54 is 3.74. Thus, the majority of the participants stated that they agree with the statement that they could interact through social media accounts of television health programs.

The mean of the responses of the participants to the item of “Social media accounts come in handy for prompt use”. was calculated as 4.40. According to this figure, almost all of the participants stated that social media accounts were easy for instant use.

According to the findings of the descriptive analysis of item 56 in Table 33, the mean of the responses is 3.79. According to the findings of the frequency analysis of the statement of “I follow the social media accounts of television health programs because I get to be informed about the daily program broadcast, in advance”, 42.8% of the participants responded “Agree”, 25.2% of them responded “Strongly agree”, and 21.5% of them responded, “Neither agree nor disagree”. Based on the results of the two analyses, it was found that the majority of the participants followed the social media accounts of the TV program to be informed about the daily program broadcast, in advance.

According to the analysis of item 57 in Table 33, the mean of the responses to this question is 3.60. According to the results of the analysis, the participants responded “Agree” or “Neither agree nor disagree” to the statement of the “I find out who the

experts participating in the program will be and which topics will be discussed ahead of time and watch the program respectively”.

The mean of the responses to the statement "I follow the television health programs because, I can catch up with the programs I missed." is 3.92. According to the mean figure, most of the participants responded positively to item 59.

According to the findings of item 60 in Table 33, the mean of the responses was calculated as 2.71. According to the results, the participants predominantly responded "Disagree" or "Strongly disagree" to the statement of " When talking about my illness and/or a relative's illness, I can write comments and ask questions instantly."

The mean of the responses of the participants to the statement of "I follow the social media accounts of television health programs because I can direct questions to the invited doctor and the host" was found to be 2.60. According to the findings, the participants' attitudes towards this statement were negative.

The mean of the responses received from the participants to the statement of " I can read the comments of other viewers and be aware of different opinions ", which is item 62 in Table 33, is 3.88. According to the mean, it can be interpreted that the majority of the participants responded "Agree" and "Strongly agree" to item 62.

The mean of the responses of the participants to item 64 was found to be 3.96. Based on the findings in the table, a significant portion of the participants stated that they had an idea by reading the comments of people who practiced a treatment method mentioned in the program.

According to the findings of frequency analysis of the statement "I can communicate with people by responding to other users' comments", 31.4% of the participants responded "Disagree", while slightly more than a quarter of the participants responded "Strongly disagree", and 16.1% responded "Neither agree nor disagree". According to the descriptive analysis of item 65 in Table 33, the mean of the responses was found to be 2.5.

The mean of the responses to item 67 in Table 33 was determined as 3.02. The participants' attitude towards the statement of "I find the opinions of other people important and I practice some treatment methods after reading about them in the comments" was "Disagree".

With a mean of 2.73, the responses of the participants to the statement of ". I can ask questions easily and for free to a doctor who has a high visit fee " indicate that the participants do not agree with the statement.

The mean of the responses to item 70 in Table 33 was found to be 2.25. The participants tended to respond "Disagree" to the item of " I can get prompt answers to my questions from the program". Thus, the participants stated that they could not get answers instantly in the program.

The mean score of 2.81 for the statement of "I can ask for help here regarding my illness or another topic" reveals that the participants' response towards this statement was "Disagree". According to the findings of frequency analysis of item 74, while 30.3% of the participants responded "Disagree", 21.2% of them responded, "Neither agree nor disagree".

According to the results of the descriptive analysis of the participants' responses, the mean value of item 75 was 2.92. This figure revealed that the participants preferred to respond "Agree" or "Disagree" to the statement of "I think I will get answers to my questions and to my calls for help".

The descriptive analysis of the responses to the statement of "I can direct a question I want to ask in private thanks to the direct message feature" is given in Table 33. According to the findings in Table 33, the mean of the responses of the participants to item 77 was calculated as 3.06. The results of frequency analysis for this statement reveal that one-fourth of the participants responded "Agree", while 20.1% responded "Disagree" to this statement.

To summarize the findings of the descriptive analysis of the statements in Table 33, the participants strongly agreed with the statements and said that by following the social media accounts of television health programs, they could learn the content of the programs they missed, they could interact via the show's social media accounts, and they became aware of different opinions by reading the comments of other viewers.

Besides, fewer participants responded to the options of "I can get answers instantly to the question I ask" and "I motivate myself by communicating with people who have the same condition with me".

4.1.5 Findings of Crosstabs Analysis

Table 34: Your gender? * Do you watch health programs on TV?

		Do you watch health programs on TV?		Total
		Yes	Sometimes	
What is your gender?	Female	129	134	263
	Male	27	63	90
Total		156	197	353

The findings of the Crosstabs analysis of the question of "Do you watch health programs on TV?" are given in Table 34. According to the table, 134 of the female participants answered "I sometimes watch", while 129 of them chose to mark the option of "Yes, I watch". While 63 of the male participants stated that they sometimes watched it, 27 of them stated that they watched the programs.

Table 35: Do you follow the social media accounts of television health programs?
 * Do you write comments to the posts in social media accounts of health programs?

		Do you write comments to the posts in social media accounts of health programs?			Total
		Yes, I usually do.	From time to time.	Never	
Do you follow the social media accounts of television health programs?	Yes, I do.	32	31	24	87
	No, I don't.	2	30	80	112
	I check it up occasionally.	7	50	97	154
Total		41	111	201	353

Table 35 contains the findings of Crosstabs analysis, which determines the correlation between the variables of "Do you follow the social media accounts of the television health programs" and "Do you write comments to the posts in social media accounts of health programs?" According to Table 35, 32 of the participants who answered "Yes, I do." to the question of "Do you follow the social media accounts of television health programs?" stated that they wrote comments to the posts on the social media accounts of the television health programs, while 31 participants stated that they occasionally wrote and 24 participants responded that they never wrote. Two of the participants who answered "No, I don't." to the question of "Do you follow the social media accounts of television health programs?" stated that they wrote comments to the posts on the social media accounts of the television health programs, while 30 participants stated that they occasionally wrote and 80 participants expressed that they never wrote. 41 of the participants who responded that they check it up occasionally

the social media accounts of television health programs stated that they usually wrote comments to the posts on the social media accounts of the television health programs, while 111 participants stated that they occasionally wrote and 201 participants expressed that they never wrote. Thus, there seems no positive correlation between following the social media accounts of television health programs and the behavior of writing comments to the posts on the account of the program.

Table 36: I watch television health programs because thanks to these programs, I can chat with other people about health . * I follow the social media accounts of television health programs because I can communicate with people by responding to other users' comments.

		I follow the social media accounts of television health programs because I can communicate with people by responding to other users' comments.					Total
		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
I watch television health programs because thanks to these programs, I can chat with other people about health.	Strongly disagree	13	1	2	0	1	17
	Disagree	6	30	9	7	0	52
	Neither agree nor disagree	15	28	10	7	5	65
	Agree	41	42	11	31	6	131
	Strongly agree	19	10	25	9	25	88
Total		94	111	57	54	37	353

Table 36 contains the findings of Crosstabs analysis, which was applied to find the correlation between the responses given to the statements of "I watch television health programs because thanks to these programs, I can chat with other people about health" and " I follow the social media accounts of television health programs because I can communicate with people by responding to other users' comments ". According to Table 36, 13 of the participants who responded "Strongly agree" to the statement of " I watch television health programs because thanks to these programs, I can chat with other people about health" responded "Strongly agree" to the statement of "I follow

the social media accounts of television health programs because I can communicate with people by responding to other users' comments". 42 of those who responded "Agree" to the statement of "I can chat with other people about medical issues thanks to these television shows" responded "Disagree" to the statement of "I can communicate with people by responding to other users' comments ". This reveals that there is no significant correlation between the responses to the statements of "I can chat with other people about health by watching television health programs" and "I can communicate with people by following the social media accounts of television health programs and responding to other users' comments ".

4.1.6 Research Questions and Hypotheses Testing

The findings of the descriptive analysis were evaluated based on three research questions and six hypotheses.

Research Question 1: What are the reasons and gratification regarding individuals watching the health programs broadcast on television?

According to the responses of the participants to the question of "What is your motivation/incentives to watch health programs on TV?" and 5-point Likert question prepared to determine "their motivations for watching television health programs and their gratifications with watching them", approximately one-third of the participants stated that they watching television health programs to get information about health, about 20% stated that they watching to be up dated on health-related developments, one-sixth of the participants stated that they watching the television health programs depending on the subject discussed or the guest who attracts their attention. While 33 of the 353 participants who answered the related question stated that they watching television health programs to get informed about living healthy and for alternative

medicine recipes 27 of them stated that they watching these shows because an epidemic is discussed. Since the study was carried out during the COVID-19 pandemic and the shows discussed the pandemic, it had a positive effect on the motivation to watch television health programs.

To summarize the findings obtained from the analyses of the 5-point Likert questions to determine "the motivations for watching television health programs and their gratifications with watching them", a great number of participants stated that by watching television health programs, they to be up dated on health-related developments also they gained more information about diseases and health. Also, a great number of participants stated that they gained information about their and/or their relatives' diseases and learning the methods of disease prevention by watching television health programs. However, the participants responded that watching these television health programs they did not go to health institutions less frequently and they did not trust these shows more than their doctors.

H1: According to the responses to research question 1, Hypothesis 1, which was designed as "Individuals watch television health programs to get information about health", was confirmed.

Research Question 2: What are the reasons and gratification regarding viewers using the television health program's social media account?

Considering the responses of the participants to the question of "What is your motivation/incentives for following social media accounts of television health programs?" and 5-point Likert question prepared to determine " the reasons for

following the social media accounts of television health programs and their gratifications", 27.8% of 317 participants stated that they following the social media accounts of television health programs to see what will happen in the next episode, while 94 out of 317 participants stated that they following these accounts to get information about the programs they missed. With a percentage of 3.1%, the option that received the least responses for this question became the option of "I follow to communicate with other followers regarding the program". Thus, it can be said that the participants generally use the social media accounts of television health programs to get information about the programs they missed.

According to the responses of the participants to the 5-point Likert questions prepared to determine "the reasons for following the social media accounts of television health programs and their gratifications", they stated that by following the social media accounts of television health programs, they catch up with the programs they missed, they can interact thanks to social media accounts of the show, and they can read the comments of other viewers and be aware of different opinions. Besides, the participants showed lower levels of agreement to the statements of "I can get prompt answers to my questions from the program", and "I get motivated by communicating with people who have the same condition".

H2: Instagram is supportive of individuals' motivation for watching the television health program.

The responses of the participants to the questions 56, 57, and 76 in the questionnaire were examined using the descriptive analysis to determine whether the social media account of the program is supportive of individuals' motivation for watching the

television health program. The findings of the descriptive analysis of these questions are given in Table 37.

Table 37: Instagram is Supportive of Individuals' Motivation for Watching the Television Health Program.

I follow the social media accounts of the television health programs because,	N	Minimum	Maximum	Mean	Std. Deviation
56. I get to be informed about the daily program broadcast, in advance.	353	1.00	5.00	3.7989	.99533
57. I find out who the experts participating in the program will be and which topics will be discussed ahead of time and watch the program respectively.	353	1.00	5.00	3.6091	1.09239
76. Sometimes when I am outside, I can follow the program via live broadcast on social media.	353	1.00	5.00	3.1926	1.18574
Valid N	353				

The results of descriptive analyses of the questions 56, 57, and 76 in the questionnaire are given in Table 37 to understand whether the Instagram is supportive of individuals' motivation for watching the television health program. According to Table 37, the mean of the responses to the statement "I get to be informed about the daily program broadcast, in advance" was calculated as 3.79. According to the finding obtained from the mean figure, the participants stated that they were informed about the daily program broadcast, in advance by following the social media account of the television health programs.

The mean of the responses to the statement of "I find out who the experts participating in the program will be and which topics will be discussed ahead of time and watch the program respectively " is 3.60. According to this figure, the participants stated that by following the social media account of the television health programs they find out who the experts participating in the program will be and which topics will be discussed ahead of time and watch the program respectively.

The mean of the responses of the participants to the statement 76 is given in Table 37. According to Table 37, the mean of the responses of the participants to the statement 76 is 3.19. According to the mean value, the participants stated that by following the social media account of the television health programs, they could watch the program when it was broadcast live on social media even when they were outside. According to the responses to the statements in Table 37, the hypothesis of "Instagram is supportive of individuals' motivation for watching the television health program" was confirmed.

Research Question 3: What are the motivations for the viewers to interact with the television health program's Instagram account?

The statements corresponding to the research question of “ What are the motivations for the viewers to interact with the television health program's Instagram account?” are the statements of 60, 61, 65, 66, 69, 71, 72, 73, 74, 77, and 79 which are related to interaction for the question of “What is your reason to comment on social media accounts of the health programs” and 5-point Likert question prepared to determine “Their reasons for following the social media accounts of the television health programs and their gratifications”.

154 of the 353 participants responded to the question of “What is your reason to comment on social media accounts of the health programs”. While slightly more than one-third of the 154 participants responded that they ask questions to the invited doctor, about 10% (9.9%) responded that they criticize or advise about the section of program, 6.5% responded that they comment to ask for help regarding their illness or medical problem. With a percentage of 0.3%, the option that received the least responses for this question became the option of “I comment to add followers to my social media account”.

Table 38 shows the frequency analyses of the responses of the participants to the statements for the questions prepared per the 5-point Likert scale "to determine the reasons for following the social media accounts of television health programs and their gratifications".

Table 38: Motivation of the Viewers to Interact on the Instagram Account of the Television Health Programs

I follow the social media accounts of the television health programs because;	N	Minimum	Maximum	Mean	Std. Deviation
60. When talking about my illness and/or a relative's illness, I can write comments and ask questions instantly .	353	1.00	5.00	2.7195	1.42943
61. I can direct questions to the invited doctor and the host .	353	1.00	5.00	2.6006	1.35751
65. I can communicate with people by responding to other users' comments .	353	1.00	5.00	2.5156	1.31227
66. I get motivated by communicating with people who have the same condition .	353	1.00	5.00	2.4759	1.27034
69. I can ask questions easily and for free to a doctor who has a high visit fee.	353	1.00	5.00	2.7394	1.41624
71. I can answer the daily question addressed on the program and can sometimes get the host to read my comment.	353	1.00	5.00	2.3711	1.17307

72. I get information from other people about the topics I missed by writing comments under the posts .	353	1.00	5.00	2.5807	1.28358
73. I can criticize the doctors or the program.	353	1.00	5.00	2.6856	1.31003
74. I can ask for help here regarding my illness or another topic.	353	1.00	5.00	2.8187	1.28186
77. I can direct a question I want to ask in private thanks to the direct message feature.	353	1.00	5.00	3.0652	1.39958
79. I share my appreciation for the invited doctor and/or the treatment mentioned.	353	1.00	5.00	3.2691	1.30714
Valid N	353				

According to the findings of item 60 in Table 38, the mean of the responses was calculated as 2.71. According to the results, the participants predominantly responded "Disagree" or "Strongly disagree" to the statement of “ When talking about my illness and/or a relative's illness, I can write comments and ask questions instantly ”.

The mean of the responses of the participants to the statement of “I follow the social media accounts of television health programs because; I can direct questions to the invited doctor and the host” was found to be 2.60. According to the findings, the participants' attitudes towards this statement were negative.

According to the findings of the descriptive analysis of item 65, the mean of the responses of the participants to the statement of “I can communicate with people by responding to other users' comments” is 2.51. Accordingly, the participants show the behavior of responding to the comments of other users at a low level.

The mean of the responses of the participants to the statement of “I get motivated by communicating with people who have the same condition” was calculated as 2.47. Based on the mean figure of the responses, it was revealed that the participants did not communicate much with people who had the same condition.

The mean of responses of the participants to the statement of “I can ask questions easily and for free to a doctor who has a high visit fee” was found to be 2.73, thus, it was interpreted that the participants did not strongly agree with the statement. Thus, “ask questions easily and for free to a doctor who has a high visit fee” is not one of the important reasons for participants to interact on the TV program's Instagram account.

According to the findings of the descriptive analysis of the statement “I can answer the daily question addressed on the program and can sometimes get the host to read my comment”, the mean of the responses of the participants was calculated as 2.37. According to the mean value, the participants do not tend to answer the program's the daily question.

The mean of the responses given to the statement of “I get information from other people about the topics I missed by writing comments under the posts” is 2.58. According to this figure, it was determined that the participants' tendency to

comments on the TV program's Instagram account to get information from other people about the topics they missed was low.

“I can criticize the doctors or the program” is another statement that may require participant's interaction on the TV program’s Instagram account. According to the findings of the descriptive analysis of this statement, the mean of participant responses was found to be 2.68. According to this mean figure, the participants do not interact on the TV program's Instagram account to criticize the doctors or the TV program. The mean of the responses the statement of “I can ask for help here regarding my illness or another topic” was 2.81, this figure revealed that the participants' response towards this statement was "Disagree". According to the findings of frequency analysis of item 74, 30.3% of the participants responded "Disagree" while 21.2% of them responded "Neither agree nor disagree".

The descriptive analysis of the responses to the statement of “I can direct a question I want to ask in private thanks to the direct message feature” is given in Table 38. According to the findings in Table 38, the mean of the responses of the participants to item 77 was calculated as 3.06. The results of frequency analysis for this statement revealed that one-fourth of the participants responded "Agree", while 20.1% responded "Disagree" to this statement. Thus, it was interpreted that most of the participants interact using the direct message feature of the TV program's Instagram account.

According to the findings of item 79 in Table 38, the mean of the responses of the participants was calculated as 3.26. According to the mean value obtained, it can be

said that the participants interact on the TV program's Instagram account to “Share their appreciation for the invited doctor and/or the treatment mentioned”.

According to the findings of the descriptive analysis of the statements in Table 38, the participants interact on the social media accounts of the TV program to share appreciation for the invited doctor and/or the treatment mentioned, to direct a question want to ask in private thanks to the direct message feature, and to ask for help here regarding their illness or another topic with a low frequency. On the other hand, the participants do not interact on the TV show's Instagram account; to communicate with people by responding to other users' comments, to get motivated by communicating with people who have the same condition, to ask questions easily and for free to a doctor who has a high visit fee, to answer the daily question addressed on the program, to get information from other people about the topics they missed by writing comments under the posts, and to criticize doctors or the TV program.

H3: Instagram is an important tool for individuals to establish instant communication with the television health program.

A descriptive analysis was carried out to determine whether Instagram is an important tool for the participants of the survey to instantly communicate with the television health programs.

Table 39: The Importance of Instagram In the Individuals' Instant Communication With the Television Health Programs

I follow the social media accounts of the television health programs because;	N	Minimum	Maximum	Mean	Std. Deviation
55. Social media accounts come in handy for prompt use.	353	2.00	5.00	4.4023	.65470
60. When talking about my illness and/or a relative's illness, I can write comments and ask questions instantly.	353	1.00	5.00	2.7195	1.42943
70. I can get prompt answers to my questions from the program.	353	1.00	5.00	2.2550	1.11428
Valid N	353				

A descriptive analysis was carried out to determine whether Instagram is an important tool for the participants of the survey to instantly communicate with the television health programs. According to the results of the analysis, the means of the responses to the statements of 55, 60, and 70, which were related to instant communication on Instagram, in the survey were found to be 4.40, 2.71, and 2.25 respectively. According to these figures, it can be said that the participants consider social media accounts come in handy for prompt use. Participants stated that they agreed with the statements

of “When talking about my illness and/or a relative's illness, I can write comments and ask questions instantly” and “I can get prompt answers to my questions from the program” at low levels. Thus, it can be said that while Instagram is an easy tool for instant use, it is not regarded as an important tool for instantly asking questions and getting answers from the television health programs. Therefore, hypothesis 3 could not be confirmed.

H4: Individuals prefer television health programs and social media accounts before applying to health institutions or doctors for information and assistance regarding any health issue.

Table 40: Individuals prefer television health programs and social media accounts before applying to health institutions or doctors for information and assistance regarding any health issue

	N	Minimum	Maximum	Mean	Std. Deviation
49. I watch television health program because, I go to health institutions less frequently when I following these programs.	353	1.00	5.00	2.4334	1.26433
50. I watch television health programs because, sometimes I trust these programs more than my doctor.	353	1.00	5.00	2.1416	1.19054

67. I follow the social media accounts of television health program because, I find the opinions of other people important and I practice some treatment methods after reading about them in the comments.	353	1.00	5.00	3.0283	1.28995
Valid N	353				

To understand whether the participants prefer television health programs and social media accounts before applying to health institutions or doctors for information and assistance regarding any health issue the statements corresponding to this question such as “I go to health institutions less frequently when I following these programs”, “Sometimes I trust these programs more than my doctor”, “I find the opinions of other people important and I practice some treatment methods after reading about them in the comments” were analyzed using descriptive analyses. According to the results of the analysis, the mean of the responses of the participants to the statement of “I go to health institutions less frequently when I following these programs” is 2.43, while the mean of the responses to the statement of “Sometimes I trust these programs more than my doctor” is 2.14, and the mean of the responses to the statement of “I find the opinions of other people important and I practice some treatment methods after reading about them in the comments” was calculated as 3.02. According to these findings, the participants do not agree with the hypothesis that they prefer television health programs and social media accounts before applying to health institutions or doctors for information and assistance regarding any health issue.

H5: Individuals who have to regularly use medications and receive treatments watch television health programs more than individuals without health problems.

Table 41: Do you have a health problem that requires regular medication and treatment ? * How often do you watch health programs on TV?

	How often do you watch health programs on TV?						Total
	Every day	Once a week	Several days a week	I watch when I come across	When I can't find anything else to watch	When the subject or guest attracts my attention	
Do you have a health problem that requires regular medication and treatment?							
Yes	7	4	34	34	1	22	102
No	25	16	28	125	18	39	251
Total	32	20	62	159	19	61	353

The answers of the individuals who participated in the survey were subjected to Crosstabs analysis to reveal whether individuals who have a health problem that requires regular medication and treatment watch television health program more than individuals without health problems. Table 41 shows the findings of the Crosstabs analysis of the questions of “Do you have a health problem that requires regular medication and treatment?” and “How often do you watch health program on TV?”.

According to Table 41, 34 of 102 participants who have a health problem that requires regular medication and treatment responded that they watch television health program a several days a week, while another 34 stated that they watch these shows when they come across, 22 of them said that they watch when the subject or guest attracts their attention, and 7 of them responded that they watch these TV shows every day.

Besides, considering the frequency of watching television health program of the 251 participants who do not have a health problem that requires regular medication and treatment, 125 participants responded that they watch these shows when they come across, 39 of them said that they watch when the subject or guest attracts their attention, 28 participants stated that they watch these shows a several days a week, 25 stated that they watch these shows once a week, 18 of them said that they watch them when they could not find anything to watch, and 16 participants responded that they watch these TV shows once a week. Comparing the frequency of watching television health program of the individuals who have a health problem that requires regular medication and treatment and those who do not who have a health problem that requires regular medication and treatment, it was found that the options of “I watch them every day”, “I watch once a week” and “I watch a several days a week” were responded more by the individuals who do not who have a health problem that requires regular medication and treatment than those with a health problem. Therefore, the hypothesis of “Individuals who have to regularly use medications and receive treatments watch television health programs more than individuals without health problems ” was not confirmed.

H6: Individuals who watch the television health program interact with the program's social media account.

To understand the relationship between watching television health program and interacting on the social media accounts of these TV shows for the individuals participating in the survey, their responses to the questions of “Do you watch health programs on TV?” and “Do you write comments to posts in social media accounts of health programs?” were analyzed using Crosstabs analysis. The findings of the Crosstabs analysis of these questions are given in Table 42.

Table 42: Do you watch health programs on TV? * Do you write comments to posts in social media accounts of health programs?

		Do you write comments to posts in social media accounts of health programs?			Total
		Yes, I usually do	From time to time	Never	
Do you watch health programs on TV?	Yes	29	57	70	156
	Sometimes	12	54	131	197
Total		41	111	201	353

According to Table 42, 44.87% (70) of 156 respondents who responded “yes” to the question of “Do you watch health programs on TV?” stated they “never” do comments on the posts on their social media accounts of the television health programs, while 36.53% (57) responded that they from time to time do comments and about 20% (18.58%) stated that they usually do comments. Of the 197 participants who sometimes watch television health programs, 131 (66.4%) responded that they “never” do comments on the posts on the social media accounts of television health programs,

27.41% (54) responded that they from time to time do comments, and 6.09% (12) responded that they usually do comments. According to these figures, 55.11% (86) of the participants who watch television health programs write comments on the social media account of the TV show, while a total of 33.5% (66) of the participants who watch television health programs sometimes write comments on the posts. Since 43.04% of the 353 participants stated that they write comments from time to time or usually, no significant relationship was found between watching television health programs and interacting on their social media accounts.

H7: The social media tools of television health programs contribute to interpersonal communication.

Table 43: The contribution of social media tools of television health programs to interpersonal communication

I follow the social media accounts of the television health programs because,	N	Minimum	Maximum	Mean	Std. Deviation
65. I can communicate with people by responding to other users' comments.	353	1.00	5.00	2.5156	1.31227
66. I get motivated by communicating with people who have the same condition.	353	1.00	5.00	2.4759	1.27034

72. I get information from other people about the topics I missed by writing comments under the posts.	353	1.00	5.00	2.5807	1.28358
Valid N (listwise)	353				

Regarding the statement of "The social media tools of television health programs contribute to interpersonal communication", which was suggested in Hypothesis 7, the findings of the descriptive analysis of the responses of the individuals participating in the survey to the questions related to interpersonal communication are given in Table 43. According to Table 43, the mean of the responses of the participants to question 65 is 2.51. According to this figure, the participants showed a low level of agreement to the statement of "I can communicate with people by responding to other users' comments thanks to social media tools of the television health programs." The mean of the responses of the participants to the statement of "I get motivated by communicating with people who have the same condition" was calculated as 2.47. According to the mean figure, the participants mostly responded "Disagree" to this statement. According to Table 43, the mean of the responses to the statement of "I get information from other people about the topics I missed by writing comments under the posts" is 2.58. According to the results of the analysis, it was revealed that the participants showed a low level of agreement with this statement.

Thus, based on the responses of the participants to these 3 statements, it can be stated that the social media tools of the television health program did not have a high level of contribution to interpersonal communication.

Chapter 5

CONCLUSIONS

Several studies carried out until today analyzed the use of mass media by individuals to obtain health information. Particularly, studies on health communication, which were first carried out in the US, noticed the importance and role of mass media in acquiring health information over time and focused on studies in this field. Besides, studies on health communication have emerged in Turkey recently. The Uses and Gratifications Theory of Blumler & Katz was referenced to reveal the importance of mass media in health communication and the use of mass media by individuals to obtain health information and their satisfaction. Besides, the Transactional Model of Communication (Bornlund, 1962) was used to reveal the communication of individuals with other individuals and the TV show in social media to obtain health information.

5.1 Summary of the Study

This thesis, which analyzes the relationship between traditional media and social media via a television health program, which is a tool for delivering health information to the public, aims to present the interaction communication with television health programs and their social media accounts, which play an important role in the dissemination of health information. Per this purpose, an empirical study on the attitudes and behaviors of the viewers/users was conducted.

The research will reveal the cases where individuals use Instagram as a tool to "ask questions about diseases", "seek a solution for their problems", and "ask for help".

For the study, Show TV's health program of "Zahide Yetis'le", which has the highest rating among television health programs, was preferred. A face-to-face questionnaire method was used to reveal the communication performed by 353 participants, who were between the ages of 18 and 55, lived in Cyprus, and had an Instagram account, by watching the television health program of Zahide Yetis'le and interacting on the Instagram account of the show.

In the present study, we tried to find answers to the following research questions: "What are the reasons and gratification regarding individuals watching the health programs broadcast on television?", "What are the reasons and gratification regarding viewers using the television health program's social media account?" and, "What are the motivations for the viewers to interact with the television health program's Instagram account?"

5.2 Conclusions of the Study

In the study, the participants' responses to the questionnaire form were analyzed to reveal the individuals' use of Instagram as a tool "to get health information", "to ask questions about diseases", "to seek a solution for their problems", and "to call for help", as well as to answer research questions, and to test the hypotheses. The findings of the analysis are summarized as follows:

1. Based on the responses of the participants to the research question of "What are the reasons of individuals to watch television health program and their gratification ?", the following findings were obtained:

According to the results, the participants watch television health program to get information about health. Participants, learn current developments relating to health, get information about their and/or relatives' diseases, and thanks to these programs, learn the methods of disease prevention.

A small proportion of the participants who answered the question stated that they watch television health programs because life long health, alternative medicine recipes and natural treatment methods, epidemic is discussed. Since the study was carried out during the COVID-19 pandemic and the shows discussed the pandemic, it had a positive effect on the motivation to watch television health programs. Therefore, television health programs and social media accounts are important information tools in terms of public health.

2. Based on the results of research question 1, the hypothesis of "Individuals watch television health programs to get information about health" was confirmed.

3. The following findings were obtained based on the responses of the participants to the question of "What are the reasons and gratification regarding viewers using the television health program's social media account?"

Participants follow the social media accounts of television health program to see what will happen in the next episode of the TV show. Also, it is revealed that by following

the social media accounts of television health programs, the participants to get information about the programs they missed, can interact thanks to the social media accounts of the TV show, and become aware of different opinions by reading the comments of other viewers. The finding that individuals read the comments of other viewers and be aware of different opinions constitutes the possibility that individuals may be affected by the information that they are not sure about its accuracy and engage in wrong health behaviors. At this point, health literacy is needed.

4. The following results were obtained based on the hypothesis of “Instagram is supportive of individuals' motivation for watching the television health program” :

Thanks to the social media account of the television health program, the participants are get to be informed about the daily program broadcast, in advance, they can find out who the experts participating in the program will be and which topics will be discussed ahead of time and then they decide to watch the show, and they can watch the show even when they are outside if it has a live stream on social media. Thus, it is revealed that the Instagram is supportive of individuals' motivation for watching the television health program.

5. According to the findings of the responses to the question of “What are the motivations for the viewers to interact with the television health program's Instagram account” , the following results were obtained:

Participants interact with the television health program's Instagram account their illness and/or a relative's illness, they can write comments and ask questions instantly,

to share their appreciation for the invited doctor and/or the treatment mentioned, and direct a question they want to ask in private thanks to the direct message feature.

6. According to the results of the hypothesis of “Instagram is an important tool for individuals to establish instant communication with the television health program”, the participants consider social media accounts come in handy for prompt use. Participants do not consider television health programs an important tool to instantly ask questions and get answers, that is, to communicate. Therefore, the statement tested by hypothesis 3 could not be confirmed.

7. Individuals prefer television health programs and social media accounts before applying to health institutions or doctors for information and assistance regarding any health issue.

According to the results of the analysis, the participants agreed with the statements of “I go to health institutions less frequently when I following these programs”, “Sometimes I trust these programs more than my doctor”, “I find the opinions of other people important and I practice some treatment methods after reading about them in the comments” at a low level. According to these findings, the participants do not prefer television health programs and social media accounts before applying to health institutions or doctors for information and assistance regarding any health issue.

8. The results obtained from the hypothesis of “Individuals who have to regularly use medications and receive treatments watch television health programs more than individuals without health problems” are as follows:

Participants who have to regularly use medications and receive treatments watch television health programs a several days a week and when they come across.

Participants who do not have to regularly use medications and receive treatments watch television health programs when they coincide and if the subject or guest attracts their attention. Comparing the frequency of watching television health programs of the individuals who have to regularly use medications and receive treatments and those who do not have a disease, it was found that the options of “every day”, “once a week” and “several days a week” were responded more by the individuals who did not have to regularly use medications and receive treatments than those with a disease.

According to this finding, there is no significant correlation between the statements of who have to regularly use medications and receive treatments, watching television health programs more than those without a health problem.

9. According to the analysis based on the hypothesis of “Individuals who watch the television health program interact with the program's social media account”, the following findings were obtained:

More than half of the participants who watch television health programs write comments to posts in social media accounts of health programs.

The majority of participants who sometimes watch television health programs do not write comments to posts in the Instagram account of the show. The fact that the tendency of writing comments of the participants who say “I watch television health programs” and “I sometimes watch” is lower than the behavior of not writing comment

reveals that there is no significant correlation between watching the television health program and interacting on its social media account.

10. The findings obtained from the hypothesis of “The social media tools of television health programs contribute to interpersonal communication” are as follows:

Participants do not agree with the statements of “I can communicate with people by responding to other users' comments thanks to social media tools of the television health programs”, “I get motivated by communicating with people who have the same condition”, and “I get information from other people about the topics I missed by writing comments under the posts”. In this context, social media tools of television health programs do not have a high contribution to interpersonal communication. According to this result, the communication on the social media account of the television health program is not suitable for the Transactional Model of Communication.

In short, while individuals watch television health programs to get information about health, they follow the social media accounts of the television health programs to see what will happen in the next episode. The social media account of the show is supportive of individuals' motivation for watching the television health program, and the participants interact with the television health program's Instagram account their illness and/or a relative's illness, they can write comments and ask questions instantly, to share their appreciation for the invited doctor and/or the treatment mentioned, and direct a question they want to ask in private thanks to the direct message feature. The participants consider the social media accounts come in handy for prompt use. However, the participants do not prefer television health programs and social media

accounts before applying to health institutions or doctors for information and assistance regarding any health issue. There is no significant relationship between individuals who have to regularly use medications and receive treatments, and the frequency of watching television health programs of the individuals without a disease, and watching television health programs and interacting on their social media accounts.

Besides, social media tools of television health programs do not have a high contribution to interpersonal communication.

5.3 Theoretical Insights Drawn for the Empirical Findings of the Study

The Uses and Gratifications approach adopted for the study was first proposed by Katz and Blumler, and it was based on examining what people do with media tools rather than examining the impact of media on people. Before this approach, the audience was considered passive and directed by the media.

Thanks to the Uses and Gratifications approach, the idea that the viewers use the media and get gratification from the media has begun to emerge. Thus, viewers are not passive but active in their attitude towards the media and use the media according to their needs.

The Uses and Gratifications approach of Blums and Katz is based on several assumptions. These assumptions (Fiske, 2003)are as follows:

1. The viewer is active and not a passive recipient of every message served by the media. The viewer chooses and uses media content according to his/her needs.

2. The viewers freely choose media content that best meets their needs.

Media bosses may not know why the viewers use the show. Each viewer can use the same show to meet different needs.

3. People do not get the gratification that meets their needs only from the media.

4. Cultural values are very important according to the media. For example, a show watched by everyone with pleasure may seem absurd to some. Being considered nonsense by some does not mean that the show is useless because it meets the needs of a particular audience.

Based on these assumptions of Blumler and Katz, the study's findings of "Individuals watch television health programs to get information about health" and "Individuals follow the social media accounts of television health programs to see what will happen in the next episode of the TV show" are consistent with Uses and Gratifications approach's assumptions of "The viewer is active and not a passive recipient of every message served by the media" and "The viewers freely choose and use the media content that best meets their needs".

Besides, study's findings that participants interact in the social media accounts of television health programs when talking about their illness and/or a relative's illness, they can write comments and ask questions instantly, to share their appreciation for the invited doctor and/or the treatment mentioned, and direct a question they want to ask in private thanks to the direct message feature correspond to the assumption of "The viewers freely choose the media content that best meets their needs".

The study's finding that the participants do not prefer television health programs and social media accounts before applying to health institutions or doctors for information

and assistance regarding any health issue can be associated with Uses and Gratifications approach's assumption of "People do not get the gratification that meets their needs only from the media".

5.4 Recommendations for Further Research

For the scope of the study, Show TV's television health program of "Zahide Yetis'le", which has the highest rating among television health programs, was preferred. A face-to-face questionnaire method was used to reveal the communication performed by 353 participants, who were between the ages of 18 and 55, lived in Cyprus, and had an Instagram account, by watching the television health program of and interacting on the Instagram account of the program. Based on observations of the researcher during the implementation of the questionnaire and the fact that the hypotheses put forward for the study conflicted with the findings of the study, the researcher considers that an in-depth interview method should be conducted in addition to the questionnaire method for such studies. Therefore, future studies should be carried out by including the interview method to the research.

REFERENCES

- Akbarinejad, F., Soleymani, M. R., & Shahrzadi, L. (2017). The Relationship Between Media Literacy and Health Literacy Among Pregnant Women in Health Centers Of Isfahan. *J Educ Health Promot*, 6(17).
- Aldridge, A. E., & Levine, K. (2001). *Surveying the Social World: Principles and Practice in Survey Research*. UK: Open University Press.
- Aliaga, M., & Gunderson, B. (2002). *Interactive Statistics*.
- Alu, A. (2019). Sağlık Algısının Değişmesi ve Sağlıkın Metalaşmasında Medyanın Etkisi. *Sağlık ve Sosyal Refah Araştırmaları Dergisi*, 1(2), 14-19.
- Anlı, M. (2019). Sağlık İletişimi Bağlamında "Uzman TV, Sağlık TV, E-Doktor TV" Web Sitelerinin İncelenmesi. Fırat Üniversitesi Sosyal Bilimler Enstitüsü.
- Anwar, A., Malik, M., Raees, V., & Anwar, A. (2020, September 14). Role of Mass Media and Public Health Communications in the COVID-19 Pandemic. *12(9)*.
- Atabek, Ü., Atabek, G., & Bilge, D. (2013). Televizyon Sağlık Programlarında İdeolojik Söylemler. *Galatasaray Üniversitesi İletişim Dergisi*, 11-29.
- Atabek, Ü., Atabek, G., & Bilge, D. (2014, Ekim 27). Televizyon Sağlık Programlarında İdeolojik Söylemler. *Galatasaray Üniversitesi İletişim Dergisi*, 11-30.

- Atilla, G., & Isler, D. B. (2012). Tüketim Nesnesi Olarak Sağlıklı Olma Kültürü (Healthism) Üzerine Nitel Bir Ön Çalışma. *Dumlupınar üniversitesi Sosyal Bilimler Dergisi*(34), 221-230.
- Atkin, C. K., & Rice , R. E. (2008). Communication Campaigns: Theory, Design, Implementation, and Evoaluation. In Bryant, D. Zillmann, & (Eds.), *Media Effects: Advances in Theory and Research* (pp. 427-451). London: Lawrence Erlbaum Associates.
- Aziz, A. (1982). *Radyo ve Televizyonla Eğitim*. Ankara: Sevinç Matbaası.
- Aziz, A. (2010). *İletişime Giriş*. İstanbul: Hiper Link Yayınları.
- Aziz, A. (2012). *İletişime Giriş*. İstanbul.
- Aziz, A. (2016). *İletişime Giriş* (5. ed.). İstanbul: Hiperlink Yayınları.
- Barnlund, D. (1962). Toward A Meaning-Centered Philosophy Of Communication. *Journal of Communication*, 197-211.
- Baruah, T. (2012, May). Effectiveness of Social Media as a Tool of Communication and Its Potential for Technology Enabled Connections: A Micro-Level Study. *International Journal of Scientific and Research Publications*, 2(5).
- Baskin, O., Aranoff, C., & Lattimore, D. (1997). *Public Relations – The Profession and the Practice* (2. ed.). New York: McGraw-Hill.

- Beşbudak, M. (2018). Sağlık İletişiminde Sosyal ve Duygusal Öğrenme Becerileri: Doktorlar Üzerinde Bir Araştırma. *Sağlık İletişiminde Sosyal ve Duygusal Öğrenme Becerileri: Doktorlar Üzerinde Bir Araştırma*. İzmir: YÖKTEZ.
- Becerikli, S. Y. (2012). Sağlık İletişimi Çalışmalarında Alımlama Analizinin Kullanımı: Odak Grup Çalışması Yoluyla Kamu Kampanyaları ve Reklam Metinlerine İlişkin Çapraz Bir Okuma Pratiği. *İstanbul Üniversitesi İletişim Fakültesi Dergisi*, 2(43), 163-177.
- Bernhardt, J., & Cameron, K. (2003). Accessing, Understanding, and Applying Health Communication Messages: The Challenge of Health Literacy. In I. T. Thompson, A. Dorsey, K. Miller, & R. (. Parrot, *Handbook of Health Communication* (pp. 583-605). NJ: Lawrence Erlbaum Associates Publishers.
- Betz, C., Ruccione, K., Meeske, K., Smith, K., & Chang, N. (2008). Health Literacy: a Pediatric Nursing Concern. *Pediatric Nursing*, 34(3), 231-240.
- Biagi, S. (2007). *Media/Impact: An Introduction to Mass Media*. Boston, MA: Wadsworth.
- Bilişli, Y. (2018). *Sağlık İletişimi Tıbbileştirme, Bireyselleştirme, "Healthism" ve Tüketime İlişkin Sağlık Haber Çözümlemeleri*. Ankara: Nobel Bilimsel Eserler.
- Bilişli, Y. (2019). İnternet Sağlık Haberlerinde Tıbbileştirmenin İnşası: Sağlık Haber Söylemine Eleştirel Bir Bakış. *MANAS Sosyal Araştırmalar Dergisi*, 8(4).

Boost Medical. (2019, February 11). *8 Challenges And Benefits Of Healthcare Social Media Marketing*. Retrieved from Boost Medical: <https://boostmedical.com/healthcare-social-media-marketing/>

Bozkurt Avcı, İ., & Sönmez, M. (2013). Sağlık İletişimi Bağlamında Bireylerin Televizyonda Yayınlanan Sağlık Programlarını İzleme Alışkanlıkları ve Motivasyonları: Elazığ Örneği. *E-Gifder*, 2(2), 119-138.

Brannstorm, I., & Lindblad, I.-B. (2009, Dec 10). Mass Communication and Health Promotion: The Power of the Media and Public Opinion. *Journal of Health Communication*, 21-36.

Britannica. (2007, March). *Twitter*. Retrieved from Britannica : <https://www.britannica.com/topic/Twitter>

Brown, J., & Walsh-Childers, K. (2002). Effects of Media on Personal and Public Health. In D. Zillmann, J. Bryant, & (Eds.), *Media Effects Advances in Theory and Research* (pp. 453-488). London: Lawrence Erlbaum Associates.

BScOT, T. H., & Llyod, C. (1990). Non-Verbal Communication in a Health Care Setting. *British Journal of Occupational Therapy*, 53(9), 383-386.

Bulduklu, Y. (2010). Televizyonda Yayınlanan Sağlık Programları ve İzleyicileri Üzerine Ampirik Bir Çalışma. Konya: Selçuk Üniversitesi Sosyal Bilimler Enstitüsü.

- Burzyńska, J., Binkowska-Bury , M., & Januszewicz , P. (2015). Television as a Source of Information on Health and Illness – Review of Benefits and Problems. *Prog Health Sci*, 5(2), 174-184.
- Byrant, J. H. (2000). *Human Communication theory and Research: Concepts, Contexts and Challenges*. London: Lawrence Erlbaum Associates Publishers.
- Campbell, R., Martin, C., & Fabos, B. (2008). *Media and Culture: An Introduction to Mass Communication*. Boston, MA: Bedford/St. Martins.
- Cassata, D. (1980). Health Communication Theory and Research: A Definitional Overview. In D. Nimmo , & Ed., *Communication Yearbook 4* (pp. 583-589). New Brunswick, NJ: Transaction Press.
- Cassel, M. M., Jackson, C., & Cheuvront, B. (1998). Health Communication on the Internet: An Effective Channel for Health Behaviour Change? *Journal of Health Communication*, 3, 71-79.
- Castello, D. E., & Pettegrew, L. S. (1979). Health Communication Theory and Research: An Overview of Health Organizations. *Annals of the International Communication Association*(1), 605-623.
- CDC. (2019, November 13). *Understanding Literacy & Numeracy*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/healthliteracy/learn/UnderstandingLiteracy.html>

Centers for Disease Control and Prevention. (1999, April). *Ten Great Public Health Achievements- United States, 1900-1999*. Retrieved from CDC: <https://pubmed.ncbi.nlm.nih.gov/10220250/>

Centers for Disease Control and Prevention. (2011, February 2). *Gateway to Health Communication*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/healthcommunication/toolstemplates/whatishm.html>

Chapter 1: Introduction to Communication Studies. (2016). In *Communication in the Real World: An Introduction to Communication Studies* (pp. 1-13). Minneapolis: University of Minnesota Libraries Publishing edition.

Chen, X., Hay, J. L., Waters, E., Kiviniemi, M., Biddle, C., Schofield, E., . . . Orom, H. (2018). Health Literacy and Use and Trust in Health Information. *Journal of Health Communication, 23*(8), 724-734.

Choudhury, M. D., Morris, M. R., & White, R. W. (2014). Seeking and Sharing Health Information Online: Comparing Search Engines and Social Media.

Clark, B. (2013, September). Cellular Phones as a Primary Communications Device: What are the Implications for a Global Community? *Global Media Journal*(23).

Committee on Professional Liability. Committee Opinion No. 622. (2015, Feb). Professional Use of Digital and Social Media. *125*(2).

Conrad, P. (2007). *Medicalization of Society*. USA: The Johns Hopkins University Press.

Costello, D. (1977). Health Communication Theory and Research: An Overview. In R. B. Ruben (Ed.), *Communication Yearbook 1* (pp. 555-567). New Brunswick, NJ: Transaction Press.

Curtis, A. J. (2000). *Health Psychology*. NY: Routledge.

Çınarlı, İ. (2008). *Sağlık İletişimi ve Medya*. Ankara: Nobel Yayın.

Çelik, R. (2020, June). Tık Odaklı Habercilikte “Tık Yemi” Taktiği: Koronavirüs (Kovid-19) Örneği. *Social Sciences Research Journal*, 9(2), 14-25.

Danesi, M. (2014). *Dictionary of Media and Communications*. Routledge.

Darwish, A., & Lakhtaria, K. (2011, Nov). The Impact of the New Web 2.0 Technologies in Communication, Development and Revolutions of Societies. *Journal of Advances in Information Technology*, 2(4), 204-216.

Dağtaş, B., & Demiray, U. (1994). *Kitle İletişim Çalışmaları İçin İletişim Modelleri*. Eskişehir: Anadolu Üniversitesi Eğitim, Sağlık ve Bilimsel Araştırma Çalışmaları Vakfı Yayınları.

Dorfman, L., & Krasnow, I. D. (2014). Public Health and Media Advocacy. 35, 293-306.

- Doruk, E. K. (2018). Sağlık İletişimi. N. F. Göksu , & N. F. Göksu (Dü.) içinde, *Sağlık İletişimi*. İstanbul: İstanbul Üniversitesi Açık ve Uzaktan Eğitim Fakültesi.
- Doğanyığıt, S. Ö. (2014). Sağlık Hizmetleri İletişiminde Mobil Sağlık: “Adımsayar” Uygulaması Örneği. *Sağlık Hizmetleri İletişiminde Mobil Sağlık: “Adımsayar” Uygulaması Örneği*. İstanbul, Türkiye: YÖKTEZ.
- Dutta, M. J. (2009). Health Communication Trends and Future Directions. In J. C. Parker, & E. Thorson, *Health Communication in the News Media Landscape* (pp. 59-92). New York: Springer Publishing Company.
- Duğan, Ö., & Şahin, E. (2016). Organ Bağışı Kamu Spotlarının Üniversite Öğrencileri Üzerinde Farkındalık Oluşturma Düzeyinin İncelenmesi. *Uşak Üniversitesi Sosyal Bilimler Dergisi*, 9(4), 124-125.
- Eagle, L., Reid, J., Hawkins, J., & Styles, E. (2005). Breaking Through The Invisible Barrier Of Low Functional Health Literacy: Implications For Health Communication. *Studies in Communication Sciences*, 5(2), 29-56.
- Edosomwan, S., Prakasan, S., Kouame, D., Watson, J., & Seymour, T. (2011). The History of Social Media and its Impact on Business. *The Journal of Applied Management and Entrepreneurship*, 16(3), 5-9.
- Eicher, K., Wieser, S., & Brugger, U. (2009). The Costs Of Limited Health Literacy: A Systematic Review. *International Journal Of Public Health*, 54, 313-324.

Elon University School of Communications. (n.d.). *Imagining the Internet A History and Forecast*. Retrieved from Elon.edu: <https://www.elon.edu/e-web/predictions/150/1870.xhtml>

Emanuel, E. J., & Emanuel, L. L. (1992, April 22). Four Models of the Physician-Patient Relationship. *The Journal of the American Medical Association*, 267(16), 2221-2226.

Erdoğan, M. (2019). E-Sağlık Okuryazarlığı: Dijital Mecralarda Sağlık Okuryazarlığı. Konya: Selçuk Üniversitesi Sosyal Bilimler Enstitüsü.

Erer, S. (2013). Kitle İletişim Araçları ve Tıp Etiği. *Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*, 3(3), 24-28.

Etiler, N., & Zengin, Ü. (2015). Televizyon Kanallarındaki Gündüz Programlarında Kadın Sağlığı ve Toplumsal Cinsiyete Bakışın Değerlendirilmesi. *Türk J Public Health*, 13(2), 137-146.

Fidan, M., & Yetiş, A. (2018). Sağlık İletişiminde Algı: Kamu Spotları Üzerine Bir Araştırma. *Selçuk İletişim*, 2, 159-178.

Fiske, J. (2003). *İletişim Çalışmalarına Giriş*. (S. İrvan, Çev.) Ankara: Bilim ve Sanat.

Gökçe, O. (1998). *İletişim Bilimine Giriş*. Ankara: Turhan Kitabevi.

Göksu, N. F. (Ed.). (2010). *Sağlık İletişimi*. İstanbul Üniversitesi Açık ve Uzaktan Eğitim Fakültesi.

Gönenç, E. Ö. (2012). İletişimin Tarihsel Süreci. *İstanbul Üniversitesi İletişim Fakültesi Dergisi*, 0(28).

Gürsoy, A. (2001, Temmuz). Sağlık ve Sosyal Antropoloji: Çocuk Sağlığının Kültürel Boyutları. *Toplum Bilim Dergisi (Sağlık Sosyolojisi Özel Sayısı)*(13), 11.

Gautam, S. K., & Kumar, R. (2016, July-September). Mass Media for Health Communication and Behavioural Change: A Theoretical Framework. *Journal of media and Social Development*, 4(3), 21-26.

Geist-Martin, P., Berlin Ray, E., & Sharf, B. F. (2002). *Communicating Health: Personal, Cultural, and Political Complexities*. California: Wadsworth Publishing.

Gencer, Z. T., Daşlı, Y., & Biçer, E. B. (2019, Nisan). Sağlık İletişiminde Yeni Yaklaşımlar: Dijital Medya Kullanımı. *Selçuk Üniversitesi Sosyal Bilimler Meslek Yüksekokulu Dergisi*, 22(1), 42-52.

Gollop, C. (1997). Health Information-Seeking Behavior And Older African American Women. *Journal of the Medical Library Association*, 85(2), 141-146.

Greenberg, B. S. (1974). Gratifications of Television Viewing and Their Correlates for British children. In J. Blumler, & E. (. Katz, *The Uses of Mass*

Communication: Perspectives on Gratifications Research (pp. 71-92). Beverly Hills: Sage.

Gregory, A. (2000). *Planning and Managing Public Relations Campaigns* (2. ed.). London: IPR/Kogan Page.

Gungor, N. (2011). *İletişim, kuramlar ve Yaklaşımlar*. Ankara: Siyasal Kitapevi.

Harrison, T. M., & Barthel, B. (2009). Wielding New Media in Web 2.0: Exploring the History of Engagement with the Collaborative Construction of Media Products. *New Media Society*, 11(155).

Health People 2010. (n.d.). *11 Health Communication*. Office of Disease Prevention and Health Promotion.

Health People 2010. (2001, 09 30). *Health People 2010*. Retrieved from CDC: <http://www.health.gov/HealthyPeople/Document/HTML/volume1/11HealthCommunication.htm>

Health People 2010. (2003, June 24). *Health Communication*. Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/nchs/healthy_people/hp2010/focus_areas/fall_health_communication.htm

Healthy People 2010. (2020, November). *With Understanding and Improving Health and Objectives for Improving Health(2)*. Washington DC, U.S.: Government Printing Office.

Hendricks, D. (2019, Nov 25). *Complete History of Social Media: Then And Now*. Retrieved May 2013, from Small Buseiness Trends: <https://smallbiztrends.com/2013/05/the-complete-history-of-social-media-infographic.html>

Higgins, J., & Begoray, D. (2012). Exploring the Borderlands between Media and Health: Conceptualizing ‘Critical Media Health Literacy’. *The National Association for Media Literacy Education’s Journal of Media Literacy Education*, 4(2), 136-148.

Househ, M. (2013). The Use of Social Media in Healthcare: Organizational, Clinical, and Patient Perspectives.

Howitt, D. (1982). *The Mass Media and Social Problems*. Oxford: Pergamon Press.

Işık, T. (2019). Sağlık İletişimi Bağlamında Kullanım Şekilleri Açısından Dijital Algı ve Önemi. *Atatürk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi* (23 (Özel Sayı)), 1979-1994.

Işık, T. (2019). Sağlık İletişiminde Dijital İletişim Kanallarının Kullanımı: Sektör Aktörlerinin Sosyal Medya Hesaplarının İncelenmesi. *Sağlık İletişiminde*

Dijital İletişim Kanallarının Kullanımı: Sektör Aktörlerinin Sosyal Medya Hesaplarının İncelenmesi, 39-40. İstanbul: YÖKTEZ.

Işık, G. Ç., Aytar, H., Cevik, Y., Emektar, E. A., & Balıkçı, H. (2019, January). The Impact of Social Media News on the Health Perception of Society. *Annals of Medical Research*, 26(11).

İnceoğlu, Y., Özçetin, B., Tol, M. G., & Alkurt, S. V. (2014, Aralık). Health and Its Discontents: Health Opinion Leaders' Social Media Discourses and Medicalization of Health. *Galatasaray İletişim Dergisi*(21), 103-127.

Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century. (2002). *The Future of the Public's Health in the 21st Century*.

Institute of Medicine (US) Committee on Health Literacy. (2004). *Culture and Society*. In L. Nielsen-Bohlman , A. Panzer , & D. Kindig (Eds.), *Health Literacy: A Prescription to End Confusion*. Washington (DC): National Academic Press (US).

Institute of Medicine (US) Committee on Health Literacy. (2004). *Definition of Health Literacy*. In Nielsen-Bohlman L, A. Panzer , & D. Kindig (Eds.), *Health Literacy: A Prescription to End Confusion*. Washington (DC): National Academies Press (US).

Irak, D., & Yazıcıoğlu, O. (2012). *Türkiye ve Sosyal Medya*. İstanbul: Okuyan Us Yayınları.

- Ishikawa, H., & Kiuchi, T. (2010). Health Literacy and Health Communication. *BioPsychoSocial Medicine*, 4(18).
- Jahan, R. A. (2000). Promoting Health Literacy: A Case Study in the Prevention of Diarrhoeal Disease from Bangladesh. *Health Promotion International*, 15, 285-291.
- Joint Committee on Terminology. (2001, April). Report of the 2000 Joint Committee on Health Education and Promotion Terminology. *American Journal of Health Education*(2).
- Kahraman, G. (2014, May). Obeziteye Yönelik Tutum ve İnaçların Geliştirilmesinde Sağlık Programlarının Etkisi. Sakarya Üniversitesi Sosyal Bilimler Enstitüsü.
- Kaplan, A., & Haenlein, M. (2010). Users of the World, Unite! The Challenges and Opportunities of Social Media. *Business Horizons*, 53(1), 59-68.
- Kar, S. B., Alcalay, R., & Alex, S. (2001). The Evolution of Health Communication in the United States. In S. B. Kar, R. Alcalay, S. Alex, & (ed.), *Health Communication: A Multicultural Perspective*. California: Sage Publications.
- Kara, T. (2017). Instagram'ın Sağlık İletişimi Bağlamında Kullanımı: Özel Hastaneler Üzerine Bir İnceleme. *Global Media Journal TR Edition*, 7(14), 7-22.
- Karagöz, K. (2012). Sağlık Haberlerinin Kamuoyunu Yönlendirme İşlevi: Dilovası'ndaki Kanser Vakalarının Türk Yazılı Basınına Yansımaları. *Sağlık*

Haberlerinin Kamuoyunu Yönlendirme İşlevi: Dilovası'ndaki Kanser Vakalarının Türk Yazılı Basınına Yansımaları. İstanbul Üniversitesi Sosyal Bilimler Enstitüsü.

Katz, E. B. (1974). Uses and Gratifications Research. *Public Opinion Quarterly*(4), 509-523.

Katz, E., Blumler, J., & Gurevitch, M. (1974). *The Use of Mass Communication.* Beverly Hills, California: Sage.

Kaya, E. (2014). Sağlık İletişiminde Sosyal Medya Kullanımı. *Sağlık İletişiminde Sosyal Medya Kullanımı.* Isparta: Süleyman Demirel Üniversitesi, Sosyal Bilimler Enstitüsü.

Kilit, D. Ö., & Eke, E. (2019). Bireylerin Sağlık Bilgisi Arama Davranışlarının Değerlendirilmesi:Isparta İli Örneği. *Hacettepe Sağlık İdaresi Dergisi*, 22(2), 401-436.

Koçak, A. (2001). Televizyon İzleyici Davranışları Televizyon İzleyicilerinin Tercihleri ve Doyumları Üzerine Teorik ve Uygulamalı Bir Çalışma. *Televizyon İzleyici Davranışları Televizyon İzleyicilerinin Tercihleri ve Doyumları Üzerine Teorik ve Uygulamalı Bir Çalışma.* Konya: Selçuk Üniversitesi Sosyal Bilimler Enstitüsü.

Koçak, A., & Bulduklu, Y. (2010). *Sağlık İletişimi.* İstanbul: Akademi Basın.

- Koçak, A., & Bulduklı, Y. (2010). Sağlık İletişimi: Yaşlıların Televizyonda yayınlanan Sağlık Programlarını İzleme Motivasyonları. *Selçuk İletişim*, 6(3).
- Korkmaz, İ. D. (2017, Ocak). Sağlık İletişimi: Kanser Hastaları ile Hekim İlişkisi. *Sağlık İletişimi: Kanser Hastaları ile Hekim İlişkisi*. İstanbul: YÖKTEZ.
- Kotler, P., & Zaltman, G. (1971, August). Social Marketing: An Approach To Planned Social Change. *Journal of Marketing*, 35(3), 3-12.
- Kreps, G. (2003, October 23). Opportunities for Health Communication Scholarship to Shape Public Health Policy and Practice: Examples from the National Cancer Institute. T. L. Thompson, A. Dorsey, K. I. Miller, & R. Parrott içinde, *Handbook of Health Communication*. NJ: Lawrence Earlmbaum Associates.
- Kreps, G. L. (2015). Health Communication Inquiry and Health Promotion: A State of the Art Review. *Journal of Nature and Science*, 1(2).
- Kreps, G. L., & Thornton, B. C. (1984). *Health Communication: Theory and Practice*. Longman.
- Kreps, G. L., & Thornton, B. C. (1992). *Health Communication: Theory & Practice*. Waveland Press.
- Kreps, G. L., Bonaguro, E. W., & Query, J. L. (2003). The History and Development of the Field of Health Communication. *Russian Journal of Communication*. Russian Communication Association. adresinden alındı

- Kumon. (2016, Nov). *The Importance of Children Developing Good Communication Skills*. Retrieved from Kumon: The importance of children developing good communication skills
- Lava-Navarra, P., Falciani, H., Sánchez-Pérez, E., & Ferrer-Sapena, A. (2020). Information Management in Healthcare and Environment: Towards an Automatic System for Fake News Detection. *Int. J. Environ. Res. Public Health*, 17(3).
- Lavrakas, P. (2008). *Encyclopedia of Survey Research Methods* (Vol. 1). Thousand Oaks, CA: Sage Publications .
- Lazer, D., Baum, M., Grinberg, N., Friedland, L., Joseph, K., Hobbs , W., & Mattsson, C. (2017, February 17). Combating Fake News: an Agenda for Research and Action. *Combating Fake News: an Agenda for Research and Action*. Cambridge: Harvard Kennedy School Shorenstein Center.
- Lee, L. (2009). History and Development of Mass Communications. In Luthra, Endres, Gottlieb, Winn, Spiker, Peirce, Lee, & R. Lutra (Ed.), *Journalism and Mass Communication* (Vol. 1). Oxford, United Kingdom: EOLSS Publishers Co.
- Lefebvre, R. C., & Flora, J. A. (1988, September 1). Social Marketing and Public Health Intervention. *Health Education Quarterly*, 15(3), 299-315.
- Leiner , B., Cerf, V., Clark, D., Kahn, R., Kleinrock, L., Lynch, D., . . . Wolff, S. (1997). *Brief History of the Internet*. Retrieved from Internet Society :

<https://www.internetsociety.org/internet/history-internet/brief-history-internet/>

Lenhart, A. (2007, 1 7). Retrieved from Pewinternet: <http://www.pewinternet.org/2007/01/07/social-networking-websites-and-teens/>

Levin-Zamir, D., & Bertschi, I. (2018). Media Health Literacy, eHealth Literacy, and the Role of the Social Environment in Context. *International Journal of Environmental Research and Public Helath*, 15(8).

Livingstone, S. (2009, July). What is Media Literacy? 32(3), pp. 18-20.

Lule, J. (2016). *Understanding Media and Culture: An Introduction to Mass Communication*. University of Minnesota Libraries Publishing.

Lunenburg, F. C. (2010). Communication: The Process, Barriers, And Improving Effectiveness. *Schooling*, 1(1).

Luque, L. (2015, April). Health and Social Media: Perfect Storm of Information. *Health Care Informatics Research*, 21(2), 67-73.

Müftüoğlu, O. (2006). *Sağlık Haberlerinde Bilgi Kirlenmesi*. Retrieved 07 2010, from Hürriyet: <http://www.hurriyet.com.tr /yazarlar/4122840.asp?yazarid=95>, [23.07.2010]

- Maherzi, L. (1997). *World Communication Report The Media and the Challenge of the New Technologies*. UNESCO. UNESCO Publishing.
- Maibach, E., & Holtgrave, D. R. (1995). Advances in Public Health Communication. *Annu. Rev. Public Health, 16*, 219-238.
- Malik, S. (2008, December). *Media Literacy and its Importance*. Islamabad: Society for Alternative Media and Research.
- Manjula, S. K. (2015, 09 07). Impact of New Media on Women Empowerment A Case Study of Bangalore City. Karnataka State Womens University Created and maintained by INFLIBNET Centre.
- Manovich, L. (2001). *The Language of New Media*. The MIT Press.
- Matamoros, D. C. (2011). The Role of Mass Media Communication in Public Health. In K. Smigorski, *Health Management-Different Approaches and Solutions* (pp. 399-414). Rijeka, Croatia: IntechOpen.
- Mayer, G. G., & Villaire , M. (2007). *Health Literacy in Primary Care: A Clinician's Guide*. NY: Springer Publishing Co.
- McCluhan, M. (1964). The Medium is the Message. In M. McLuhan, & L. H. Lapham, *Understanding Media: The Extensions of Man* (Vol. 1). McGraw-Hill.

McCombs, M. (2004). *Setting the Agenda: Mass Media and Public Opinion*. MA: Blackwell Publishing.

McCombs, M., & Shaw, D. (1972). The Agenda-setting Function of Mass Media. *Public Opinion Quarterly*, 36(2), 176-187.

McCombs, M., & Valenzuela, S. (2007, July 20). The Agenda-Setting Theory. *Cuadernos de Información*, 44-50.

McQuail, D., & Windahl, S. (2005). *İletişim Modelleri-Kitle İletişim Çalışmalarında* (2.Baskı ed.). (K. Yumlu, Trans.) İstanbul: İmge Kitapevi.

Mechanic, D. (2005, Dec 19). The Media, Public Perceptions & Health, and Health Policy. *Houston Journal of Health Law & Policy*, 187-211.

Meyer, P. (1990). News Media Responsiveness to Public Health. C. Atkin, & L. Wallack içinde, *Mass Communication and Public Health Complexities and Conflicts*. California: Sage Publications.

Miles, A., Rapoport, L., Wardle, J., Afuape, T., & Duman, M. (2001). Using The Mass-Media To Target Obesity: An Analysis of The Characteristics and Reported Behaviour Change Of Participants In The BBC's 'Fighting Fat, Fighting Fit' Campaign. *Health Education Research*, 16(3), 357-372.

Moorhead, S. A., Hazlett, D. E., Harrison, L., Carrol, 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).

Morgan, M. (1986). Doctor-Patient Relationship. In G. Scambler, *Sociology as Applied to Medicine*. Edinburgh: Saunders Elsevier.

Morris, A. M., & Katzman, D. K. (2003). The Impact of the Media on Eating Disorders in Children and Adolescents. *Paediatrics & child health*, 8(5), 287-289.

Naidoo, J., & Wills, J. (2000). *Health Promotion: Foundation for Practice* (2. ed.). London: Baillière Tindall,.

Nandy, B. R., & Nandy, S. (1997). Health Education by Virtue of its Mission is Centered around Mass Media and Communication: Implications for Professional Preparation. *Journal of Health Education*, 238-244.

National Research Council (US) Committee on Enhancing the Internet for Health Applications: Technical Requirements and Implementation Strategies. (2000). Health Applications of the Internet. In N. H. Internet. Washington (DC): National Academies Press (US).

National Research Council. (1995). *Emerging Needs and Opportunities for Human Factors Research*. Washington (DC): The National Academies Press.

Novichikhina, E., & Romanova, E. (n.d.). Attracting the Youth to a Healthy Lifestyle through Mass Media. *Advances in Social Science, Education and Humanities Research*, 396.

Nutbeam, D. (2006). Using Theory to Guide Changing Individual Behaviour. In M. Davies, & W. (. Macdowall, *Health Promotion Theory* (pp. 24-36). London: McGraw-Hill.

Nutbeam, D. (2000). *Health Literacy As A Public Health Goal: A Challenge For Contemporary Health Education and Communication Strategies Into The 21st Century*. Health Promotional International.

Okay, A. (2007). *Halkla İlişkiler; Kavram, Strateji ve Uygulamaları*. İstanbul: Der Yayınevi.

Okay, A. (2007). *Sağlık İletişimi*. İstanbul: Kapital Medya Hizmetleri Aş.

Okay, A. (2009). *Sağlık İletişimi*. İstanbul: Medicat.

Okay, A. (2014). *Sağlık İletişimi* (2. Baskı ed.). İstanbul: Derin Yayınları .

Okay, A. (2016). *Sağlık İletişimi*. İstanbul: Derin Yayınları.

Okay, A., & Güçdemir, Y. (2009). Halkla İlişkilerde İnternet Uygulamaları: Bugüne ve Geleceğe Dair Bir Bakış. M. Akdağ, & M. Işık (Dü) içinde, *Dünden Bugüne Halkla İlişkiler*. İstanbul: Eğitim Kitabevi.

Oliveira, J. F. (2014). The Effect of the Internet on the Patient-Doctor Relationship in a Hospital in the City of São Paulo. *JISTEM - Journal of Information Systems and Technology Management*, 11(2), 327-344.

Orach, C. G. (2009, Oct 9). Health Equity: Challenges in Low Income Countries. *African Health Sciences*, 49-51.

Oskay, Ü. (1992). *İletişimin ABC'si*. İstanbul: Simavi Yayınları.

Oğuz, Y. N. (1995, 11 4). Klinik Uygulamada Hekim-Hasta ilişkisi. 2(3), pp. 59-65.

Özkan , A. (2006, Mayıs 25). Küreselleşme Sürecinin Medya ve Kültür Üzerindeki Etkileri. *Küreselleşme Sürecinin Medya ve Kültür Üzerine Etkileri*. İstanbul, Fatih, Türkiye: TASAM .

Özmen, F., Taşdelen, B., & Yüksel, E. (2015). Does Watching Health Programs on Television Improve The Level of Health Literacy? *Conference: 13th Communication in the Millenium*. Pennsylvania.

Özmen, S. (2018). Sağlık İletişimine Giriş. In N. F. Göksu, *Sağlık İletişimi*. İstanbul: İstanbul Açık Öğretim ve Uzaktan Eğitim Fakültesi.

- Palmgreen, P., Wenner, L., & Rayburn, J. (1980). Relations Between Gratifications Sought and Obtained: A Study of Television News. *Communication Research*(2), 161-192.
- Parvanta, C., Nelson, D. E., Parvanta, S. A., & Harner, R. N. (2011). *Essentials of Public Health Communication*. USA: Jones & Bartlett Learning.
- Peltekoğlu, F. B. (2001). *Halkla İlişkiler Nedir*. İstanbul: Beta Yayınları.
- Petty, R. E., Brinol, P., & Priester, J. R. (2009). Mass media attitude change: Implications of the Elaboration Likelihood Model of Persuasion. In J. Bryant, M. B. Oliver, & D. Zillmann, *Media Effects: Advances in Theory and Research* (pp. 125-164). New York: Routledge.
- Phillips, S. (2007, 7 28). *The Guardian Newspaper*. Retrieved from The Guardian Newspaper:
<https://www.theguardian.com/technology/2007/jul/25/media.newmedia>
- Poe, M. T. (2011). *A History of Communications: Media and Society from the Evolution of Speech to the Internet*. NY: Cambridge University Press.
- Pohls, U. G., Fasching, P. A., Beck, H., Kaufmann, M., Kiechle, M., Minckwitz, G., . . . Beckmann, M. W. (2005). Demographic And Psychosocial Factors Associated With Risk Perception For Breast Cancer. *Oncology Reports*, 14, 1605-1613.

- Pottenger, W. M., Freiburger, P. A., Hemmendinger, D., & Swaine, M. (2020, September 22). History of Computing. *Computer*. Encyclopædia Britannica.
- Pressgrove, G., McKeever, B., & Jang, S. (2017, June 28). What is Contagious? Exploring why content goes viral onTwitter: A case study of the ALS Ice Bucket Challenge. *International Journal of Nonprofit and Voluntary Sector Marketing*.
- Ratzan , S., Payne, J., & Bishop, C. (1996). The Status and Scope of Health Communication. *Journal of Health Communication*, 25-42.
- Ratzan, S. C. (1994). Health Communication as Negotiation: The Healthy America Act. 38(2), 224-247.
- Ratzan, S. C. (1998, October-December). Health Communication Ethics. *Journal of Health Communication*, 3(4).
- Reardon, K. K. (1987). The Role of Persuasion in Health Promotion and Disease Prevention Review and Commentary. In J. Anderson , & (Ed.), *Communication Yearbook 11* (pp. 276-297). Newbury Park, CA: Sage.
- Riddle, J. (2017, March 1). All Too Easy: Spreading Information Through Social Media. *The Arkansas Journal of Social Change and Public Service*.
- Ridwanullah, A. (2017, May 31). *Origin and Perspectives in Mass Communication Research*. Retrieved from Ridorsphere:

<https://ridorsphere.blogspot.com/2017/05/origin-and-perspectives-in-mass.html>

Roy, B. (2016, April 1). *Social vs. Traditional Media: Has the Battle Already Ended?*
Retrieved from PRSA:
https://apps.prsa.org/Intelligence/Tactics/Articles/view/11445/1124/Social_vs__Traditional_Media_Has_the_Battle_Already#.X5B4fkIzY0p

Ruggiero, T. E. (2000). Uses and Gratifications Theory in the 21st Century. *Mass Communication and Society*, 3(1), 3-37.

Sawyer, R. (2011). The Impact of New Social Media on Intercultural Adaptation.

Schiavo, R. (2007). *Health Communication From Theory to Practice*. San Francisco: A Wiley Imprint.

Schiavo, R. (2013). *Health Communication : From Theory to Practice*. San Francisco: Jossey-Bass.

Şeker, M. (2006). Televizyon Haberciliğinde Küresel Format ve Haberciliğe Etkileri. *Selçuk Üniversitesi İletişim Fakültesi Dergisi*, 36-44.

Şengün, H. (2016). Sağlık Hizmetlerinde İletişim Yönetimi. *İstanbul Tıp Fakültesi Dergisi*(1), 38-42.

Sezgin, D. (2011). *Tibbileştirilen Yaşam Bireyselleştirilen Sağlık*. istanbul: Ayrıntı Yayınları.

Sezgin, D. (2014, October 27). Sağlık Okuryazarlığını Anlamak. *Galatasaray Üniversitesi İletişim Dergisi*(Özel Sayı 3), 73-92.

Shah, M. (2020, April 1). *Traditional Media vs. New Media: Which is Beneficial*. Retrieved from TechFunnel: <https://www.techfunnel.com/martech/traditional-media-vs-new-media-beneficial/>

Shalvee, & Sambhav, S. (2020, May). Role of Mass Media & Communication During Pandemic COVID'19. *International Journal of Creative Research Thoughts*, 8(5), 3786-3790.

Sharma, S. K., & Gupta, Y. K. (2018). TV As an Effective Medium of Mass Communication for Public Health (A Study in th State of Rajasthan). *International Journal of Recent Scientific Research*, 9(01).

Signorielli, N. (1993). *Mass Media Images and Impact on Helath: A Sourcebook*. Greenwood Press.

Simonds, S. (1974, March 1). Health Education as Social Policy. 2(1), 1-10.

Simonson, P. (2016). Chapter: Communication History. In K. Jensen, & R. Craig (Eds.), *International History of Communication Theory and Philosophy*. Wiley-Blackwell.

Skretvedt, R., & Sterling, C. H. (2018, Nov 15). Radio.

Smit, M., & Terblanche, N. (2015). Innovations in Social Marketing and Public Health Communication: Improving the Quality of Life for Individuals and Communities. In W. Wymer (Ed.), *Innovations in Social Marketing and Public Health Communication* (pp. 173-184). London: Springer.

Snickars, P., & Vonderau, P. (2009). Introduction. In P. Snickars, & P. Vonderau (Eds.), *The Youtube reader* (pp. 9-21). Stockholm: National Library of Sweden/Wallflower.

Sørensen, K., Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., . . . (HLS-EU) Consortium Health Literacy Project Europe. (2012). Health Literacy and Public Health: A Systematic Review and Integration of Definitions and Models. *12*(80).

Speros, C. (2005). Health Literacy: Concept Analysis. *Journal of Advanced Nursing*, *50*(6), 633-640.

Srivastava, K., Chhabra, K., Sahu, A., Shrivastava, D., & Naqvi, W. (2020, Mar 11). Facade of Media and Social Media During COVID-19: A Review. *International Journal of Research in Pharmaceutical Sciences*, *11*(1).

Statista. (2008, 1 12). Retrieved from Statista: <https://www.statista.com/statistics/242606/number-of-active-twitter-users-in-selected-countries/>

Strasburger, V. (2004, Feb). Children, Adolescents, and the Media. *34*(2), pp. 54-113.

Tıǒlı, M., & Günüaydın, H. (2002, Ocak). Sosyal Pazarlama Çerçevesine Türkiye'deki AIDS'le Mücadele Konulu Reklamların İçerik Analizi. *Sosyal Pazarlama Çerçevesine Türkiye'deki AIDS'le Mücadele Konulu Reklamların İçerik Analizi*, 5(17).

Tabak, R. S. (1999). *Saęlık İletişimi*. İstanbul: Literatür Yayınları.

Tabak, R. S. (2003). *Saęlık İletişimi*. İstanbul: Literatür Yayınları.

Tabak, R. S. (2006). *Saęlık İletişimi*. İstanbul: Literatür Yayınları.

Tanrıöver, M., Yıldırım, H. H., Demiray Ready, N., Çakır, B., & Akalın, H. E. (2014). *Türkiye Saęlık Okuryazarlığı Araştırması*. Ankara: SAęLIK-SEN Yayınları.

Taylor, S. E. (2018). *Health Psychology*. NY: McGraw-Hill Education.

Technological Advances: From the Printing Press to the iPhone. (2017). Libraries Publishing.

Tekayak, H., Akpınar, E., & Kırdök, O. (2017). Do you have fear of missing out? *Do you have fear of missing out?* Abu Dhabi: Wonca Eastern Mediterranean Family Medicine Congress.

The World Health Report 2002. (n.d.). *Reducing Risks, Promoting Healthy Life*.

Retrieved March 11, 2003, from WHO: <https://www.who.int/whr/2002/en/>

Thomas, R. K. (2006). *Health Communication*. New York: Springer Science + Business Media.

Tidwell, J. B., Gopalakrishnan, A., Lovelady, S., Sheth, E., Unni, A., Wright, R., . . . Sidibe, M. (2019, March 26). Effect of Two Complementary Mass-Scale Media Interventions on Handwashing with Soap among Mothers. *Journal of Health Communication*, 24(2), 203-215.

TTD . (2017, September 10). *TTD Etik Kurulu Hasta-Hekim İlişkisinde Etik İlkeler*. Retrieved from Toraks: <https://toraks.org.tr/site/community/downloads/d367>

Tumpey, A. J., Daigle, D., & Nowak, G. (2019, Co). Communicating During an Outbreak or Public Health Investigation. In S. Ramussen, & R. Goodman, *The CDC Field Epidemiology Manual*. Oxford Scholarship Online.

Tunç, A., & Atılğan, A. (2017). *Algı Üzerine Kurulu Yöneltil Bir Anlayış: Algı'nın Yönetimi*. Kahramanmaraş: International Journal of Disciplines Economic & Administrative Sciences Studies.

U.S. Department of Health and Human Services. (2000). HHS.gov: <https://www.hhs.gov/> adresinden alındı

UCLA Center for Health Policy Research. (2002). *Health DATA Program*. Regents of the University of California.

University of Minnesota Rural Health Research Center and NORC Walsh Center for Rural Health Analysis. (2018). *Rural Health Promotion and Disease Prevention Toolkit*. Retrieved October 2020, from RHHub: <https://www.ruralhealthinfo.org/toolkits/health-promotion>

Utma, S. (2019). Sağlık Okuryazarlığı Kavramı ve Sağlık Haberlerini Doğru Okumak. *IBAD Sosyal Bilimler Dergisi*(5), 223-231.

Utma, S. (2020). Medyada ‘Sağlıklı’ Sağlık Haberciliği: Koronavirüs (COVID-19) Salgını Özelinde Bir Değerlendirme. *SBedergi*, 4(6), 99-121.

Ventola, C. L. (2014). Social Media and Health Care Professionals: Benefits, Risks, and Best Practices. *P&T: A Peer-Reviewed Journal for Managed Care and Hospital Formulary Management*, 39(7), 491-520.

Wakefield, M., Loken, B., & Hornik, R. (2010). Use of Mass Media Campaigns to Change Health Behaviour. *Lancet*, 376(9748), 1261-1271.

Walker, C. E., Krumhuber, E. G., Dayan, S., & Furnham, A. (2019). Effects of Social Media Use on Desire for Cosmetic Surgery Among Young Women. *Curr Psychol*.

- Wallack, L., & Dorfman, L. (1996). Media Advocacy: A Strategy for Advancing Policy and Promoting Health. *Sage Journals*, 79-269.
- Walt, G. (2000, May 13). Globalization and Health. *Globalization and Health*. Retrieved from PubMed.gov: <https://pubmed.ncbi.nlm.nih.gov/11339346/>
- Wang, Y., McKee, M., Torbica, A., & Stuckler, D. (2019, January 21). Systematic Literature Review on the Spread of Health-related Misinformation on Social Media. *Social Science and Medicine*.
- Weijts, W. (1994, November). Responsible Health Communication. *American Behavioral Scientist*(2), 257-270.
- Weiss, B. D. (2003). Health Literacy: A Manual for Clinicians-Part of an Educational Program About Health Literacy. *Health Literacy: A Manual for Clinicians-Part of an Educational Program About Health Literacy*. Chicago: American Medical Association Foundation and American Medical Association .
- Whitehead, D. (2004). Health Promotion and Health Education: Advancing the Concepts. *Journal of Advance Nursing*, 47, 311-320.
- WHO. (1998). *Health Literacy*. Retrieved from World Health Organization: <https://www.who.int/healthpromotion/health-literacy/en/>
- WHO. (1998). *The WHO Health Promotion Glossary*. World Health Organization: <https://www.who.int/healthpromotion/HPG/en/> adresinden alındı

- WHO. (2005, July). *Effective Media Communication during Public Health Emergencies*. (R. N. Hyer, & V. T. Covello, Eds.) Geneva.
- WHO. (2006). *Advocacy Communication and Social Mobilization to Fight TB: A 10-Year Framework for Action*. *Advocacy Communication and Social Mobilization to Fight TB: A 10-Year Framework for Action*. France: WHO Library Cataloguing-in-Publication Data.
- WHO. (2017, March). *WHO Strategic Communications Framework for Effective Communications*. Retrieved from WHO: <https://www.who.int/mediacentre/communication-framework.pdf>
- WHO Constitution. (1948, April 7). *WHO Constitution*. Retrieved 12.11.2002, from WHO: <http://www.who.int/governance/en>
- WHO Constitution. (2012, 11 12). *WHO Constitution*. WHO: <http://www.who.int/governance/en> adresinden alındı
- WHO. (n.d.). *Why Health Literacy is Important*. Retrieved from World Health Organization: <https://www.euro.who.int/en/health-topics/disease-prevention/health-literacy/why-health-literacy-is-important>
- Wiebe, G. D. (1951, January 1). Merchandising Commodities and Citizenship on Television. *Public Opinion Quarterly*, 15(4), 679-691.

Williams, K. (2003). *Understanding Media Theory*. London: Oxford University Press Inc.

Wilson, I., & Cleary, P. (1995, Jan 4). Linking Clinical Variables with Health-related Quality of Life. A Conceptual Model of Patient Outcomes. *JAMA*, 273(1), 59-65.

Woodruff, K., Wallack, L., Dorfman, L., & Diaz, I. (1999). *News for a Change An Advocate's Guide to Working with the Media*. Thousand Oaks, CA: Sage Publications.

World Health Organization. (2005). *Effective Media Communication during Public Health Emergencies A WHO Field Guide*. Who Health Organization.

World Health Organization. (2013). *Health Literacy*. (I. Kickbusch, J. Pelikan, F. Apfe, & A. Tsouros, Eds.) Copenhagen, Denmark: WHO.

World Health Organization. (2017). *WHO Strategic Communications Framework for Effective Communications*. Retrieved from WHO: <https://www.who.int/mediacentre/communication-framework.pdf?ua=1>

World101. (n.d.). *Two Hundred Years of Global Communications*. Retrieved from World101: <https://world101.cfr.org/global-era-issues/globalization/two-hundred-years-global-communications>

- Yıldız, E. (2019). Sağlığa İlişkin Risklerin Önlenmesi Bağlamında Sağlık İletişimi Kampanyalarının ve Yeni Medyanın Rolü. *Sağlığa İlişkin Risklerin Önlenmesi Bağlamında Sağlık İletişimi Kampanyalarının ve Yeni Medyanın Rolü*. İstanbul: YÖKTEZ.
- Yaş, R. P. (2020, Mart 15). Sosyal Medyanın Bilgilendirici İşlevi: Kadın Hastalıkları ve Doğum Alanında Instagram Paylaşımları Üzerine İçeriksel Analiz. *Kocaeli Üniversitesi İletişim Fakültesi Araştırma Dergisi*(15).
- Yeşildal, M. (2018). Yetişkin Bireylerde Dijital Okuryazarlık ve Sağlık Okuryazarlığı Arasındaki İlişki: Konya Örneği. Konya: Necmettin Erbakan Üniversitesi Sağlık Bilimleri Enstitüsü.
- (2001). *Televizyon İzleyici Davranışları, Televizyon İzleyicilerinin Tercihleri ve Doyumları Üzerine Teorik ve Uygulamalı Bir Çalışma*. Konya: YÖK.

APPENDICES

Appendix 1: Questionnaire Form

QUESTIONNAIRE FORM

Dear participant,

This survey is designed to gather data for an academic study. The questionnaire form, is aimed to reveal the interaction between TV health programs and social media tools.

People who want to fill the questionnaire voluntarily must have watched or be watching the specified television program and have an Instagram account. The participation conditions are;

1. To be a viewer of the television program "Zahide Yetiş'le"
2. To have an Instagram account

Also volunteers should reside in the Famagusta district of Northern Cyprus, and be between the ages 18-55 +.

Genuine and sincere answers are very important to reach the correct results. The survey does not include any questions that will reveal your identity. Thank you for your valuable participation and support to my work.

Eastern Mediterranean University
Communication and Media Studies
MA Student
Nurseli Korucu

I. SECTION

1. Gender?

1. () Female 2. () Male 3. () Other

2. How old are you?

1. () 18-25 2. () 26-35 3. () 36-45
4. () 46- 54 5. () 55 and above

3. Education?

1. Illiterate () 5. Vocational School Degree ()
2. Primary school graduate () 6. Undergraduate Degree ()
3. Secondary school graduate () 7. Postgraduate Degree ()
4. High school graduate () Other, (if education left at any
stage, please specify.).....

4. Marital Status?

1. Married
 2. Single
 3. Divorced
 4. Widowed

5. Profession?

1. () Commercial Activity 5. () Public Official
(tradesman-craftsman)
2. () Worker 6. () Housewife
3. () Student 7. () Others, (Please
specify)
4. () Retired

6. Monthly Income ? (Specify as Total Household Income.)

1. Less than 1500 Turkish Liras 2. 1501 – 2500 Turkish Liras
 3. 2501–3500 Turkish Liras 5. 5000 Turkish Liras and
above
 4. 3501 - 5000 Turkish Liras

7. Do you have any children ?

1. Yes () 2. No ()

2. SECTION

8. Do you have a health problem that requires regular medication and treatment?

1. Yes () 2. No ()

**9. What is your illness that requires regular treatment or medication?
(If you have more than 3 answers, please specify.)**

- 1) 2) 3)

10. Under what conditions do you go to a health institution ?

(You may select more than one answer)

1. I go when I'm sick. ()
2. I go for general check up. ()
3. I go in an emergency situation. ()
4. I go for a medical visit. ()
5. Other, (Please, specify.).....

11. What is your reason for going to a health facility most recently ?

- | | |
|---|---|
| <input type="checkbox"/> 1. I went for an illness. | <input type="checkbox"/> 6. I went for prescription. |
| <input type="checkbox"/> 2. I went for general check-up. | <input type="checkbox"/> 7. I went to get a sick leave. |
| <input type="checkbox"/> 3. I went to get tested. | <input type="checkbox"/> 8. I went for a medical visit. |
| <input type="checkbox"/> 4. I went for the pandemic check-up. | <input type="checkbox"/> 9. I went to accompany a relative. |
| <input type="checkbox"/> 5. I went for an emergency. | <input type="checkbox"/> 10. Others, (please specify)..... |

12. To whom or where do you consult to get health information?

(Please choose 3 options at the most.)

- | | |
|--|---|
| <input type="checkbox"/> 1. My doctor. | <input type="checkbox"/> 5. Television |
| <input type="checkbox"/> 2. Anyone of my relatives. | <input type="checkbox"/> 6. Internet |
| <input type="checkbox"/> 3. A medical personel that I know | <input type="checkbox"/> 7. Social media |
| <input type="checkbox"/> 4. The newspaper | <input type="checkbox"/> 8. Other (please specify)..... |

13. What is the mass media you use the most ?

(You can select more than of the choices.)

- | | |
|--|---|
| <input type="checkbox"/> 1. Television | <input type="checkbox"/> 4. Magazine |
| <input type="checkbox"/> 2. Newspaper | <input type="checkbox"/> 5. Internet |
| <input type="checkbox"/> 3. Radio | <input type="checkbox"/> 6. Social media (Facebook, Instagram, Twitter, Youtube etc.) |

14. How many hours on avarage do you watch TV per day ?

- | | |
|--------------------|--------------------------|
| 1. Never () | 2. 1 - 2 hours () |
| 3. 3 – 5 hours () | 4. More than 5 hours () |

15. Do you have any social media (Facebook, Instagram, Twitter,

1. Every day. ()
2. Once a week. ()
3. Several days a week. ()
4. I watch when I come across. ()
5. When I can't find anything else to watch ()
6. Never. ()
7. When the subject or guest attracts my attention. ()

21. What kind of programs do you watch on TV to get information related to

health?

- 1. Health programs
- 2. Health related parts of "women" programs
- 3. Broadcast news
- Other, (Please specify.).....

22. What is your motivation/incentives to watch health programs on TV?

- 1. I watch to get information about health.
- 2. I watch depending on the subject discussed or the guest who attracts my attention.
- 3. I watch the topics if a discussion is carried out related to my illness.
- 4. I watch when one of my relatives' sickness is being discussed.
- 5. I watch to be up dated on health-related developments.
- 6. I watch if an epidemic is discussed.
- 7. I watch to get informed about living healthy and for alternative medicine recipes.
- 8. I watch to get information on aesthetics / beauty / care issues
- 9. I watch to get information from the experts about subjects that is not

discussed normally in daily life routine.

10. I watch the programme when I have nothing has to do.

23. Which issues are you interested in health the most ?

(You can select more than one option.)

- 1. All kinds of health issues
- 2. Life long health, alternative medicine, and natural treatment methods
- 3. Nutrition, diet, and exercise
- 4. Aesthetics
- 5. Diseases and treatment methods
- 6. Other, (please specify.).....

24. Do you follow social media accounts of TV health programs?

- 1. Yes, I do. ()
- 2. No, I don't. ()
- 3. I check it up occasionally. ()

25. Which social media network would you prefer following pertaining to health programs? (Please select maximum 2 options.)

- 1. Facebook ()
- 2. Twitter ()
- 3. Instagram ()
- 4. Youtube ()
- 5. Other, (please specify)

26. What is your motivation/incentives for following social media accounts of health programs ?

- 1. I follow to see what will happen in the next episode.
- 2. I follow to get information about the condition of the hosted patient.

- 3. I follow to contact the invited doctor.
- 4. I follow to get information about the programs I missed.
- 5. I follow to communicate with other followers regarding the program.
- 6. Other, (please specify).....

27. Do you write comments to posts in social media accounts of health programs ?

- 1. Yes, I usually do. ()
- 2. From time to time. ()
- 3. Never. ()

28. What is your reason to comment on social media accounts of health programs?

- 1. to criticize or advise about the section of program.
- 2. to ask questions to the invited doctor.
- 3. to ask for help regarding my illness or medical problem.
- 4. to criticize about the program's host or guests.
- 5. to praise the program's host or guests.
- 6. to catch up with something I missed during the program.
- 7. to communicate with other users who comment.
- 8. to communicate with other users writing comments about my illness or my relative's illness.
- 9. to advertise a product or to advertise my social media profile.
- 10. in order to add followers to my social media account.
- 11. Other, (please specify).....

29. In your opinion, do the social media accounts of health programs affect rating ?

- 1. Yes, I think so. ()
- 2. No, I don't think so. ()

30. In your opinion, do health programs respond to the comments on social media accounts?

1. Yes, I think they do. ()

2. No, I don't think they pay any attention. ()

31. Do the comments about physicians, hospitals, and treatment methods on social media accounts of television health programs affect your opinions?

1. Yes. ()

2. Sometimes. ()

3. No. ()

3. SECTION

32. The following judgments were prepared for "Determining the Motivations/Incentives of Watching Health Programs on TV." Indicate to what extent you agree with these judgments by selecting the appropriate option.

(1) - Strongly Disagree

(2) - Disagree

(3) - Neither Agree nor Disagree

(4) - Agree

(5) - Strongly Agree

I watch health programs, because ;	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
32. I learn current developments relating to health.					
33. I get more information about diseases and health.					
34. I get information about my and/or my relative's diseases.					
35. I learn about health issues from these programs that contact people around me.					
36. It is a habit for me to watch these programs.					
37. I understand how precious health is by watching these programs.					
38. It helps me make use of my free time.					
39. It allows me to spend quality and fun time.					
40. Thanks to these programs, I learn the methods of disease prevention.					
41. When I see the patients who are hosted in the program recover from their illnesses, I feel stronger thinking that I will get rid of my illness one day.					

42. Thanks to these programs, I can chat with other people about health.					
43. Sometimes I feel like the doctor in the program is talking about my problem while talking about a subject.					
44. Seeing people who are in the same situation with me supports me spiritually					
45. Thanks to these programs, I got rid of my bad habits.					
46. Thanks to these programs, I started to exercise and eat regularly.					
47. I find the suggestions given in the program to be important to follow.					
48. I watch them because there's nothing worth watching on other channels.					
49. I go to health institutions less frequently when I following these programs.					
50. Sometimes I trust these programs more than my doctor.					
51. I watch them with an interest to find out how people who participated in the program get cured for their diseases.					
52. I watch to learning natural/herbal treatment methods instead of standart medication.					

53. the program offers an opportunity to get exposed to the invited doctor who is difficult and expensive to reach otherwise.					
---	--	--	--	--	--

33. Some judgments were prepared to learn your thoughts and motivation/incentive about “Social Media Accounts of Television Health Programs,” please tick the option that suits you.

- (1) - Strongly Disagree
- (2) - Disagree
- (3) - Neither Agree nor Disagree
- (4) - Agree
- (5) - Strongly Agree

I follow the social media accounts of the health programs, because ;	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
54. I can interact thanks to social media accounts.					
55. Social media accounts come in handy for prompt use.					
56. I get to be informed about the daily program broadcast, in advance.					
57. I find out who the experts participating in the program					

will be and which topics will be discussed ahead of time and watch the program respectively.					
58. I discover the update on the hosted patients treated by the program.					
59. I can catch up with the programs I missed.					
60. When talking about my illness and/or a relative's illness, I can write comments and ask questions instantly.					
61. I can direct questions to the invited doctor and the host.					
62. I can read the comments of other viewers and be aware of different opinions.					
63. By reading the comments of other users, I develop an opinion concerning the doctor.					
64. I can get informed by reading the comments of people who practiced a treatment method mentioned in the program.					
65. I can communicate with people by responding to other users' comments.					
66. I get motivated by communicating with people who have the same condition.					

67. I find the opinions of other people important and I practice some treatment methods after reading about them in the comments.					
68. The opinions of others are important for me therefore I prefer to read the comments on social media about doctors and hospitals before making a decision to pay a visit.					
69. I can ask questions easily and for free to a doctor who has a high visit fee.					
70. I can get prompt answers to my questions from the program.					
71. I can answer the daily question addressed on the program and can sometimes get the host to read my comment.					
72. I get information from other people about the topics I missed by writing comments under the posts					
73. I can criticize the doctors or the program.					
74. I can ask for help here regarding my illness or another topic.					

75. I think I will get answers to my questions and to my calls for help.					
76. Sometimes when I am outside, I can follow the program via live broadcast on social media.					
77. I can direct a question I want to ask in private thanks to the direct message feature.					
78. The host sometimes chooses some of the comments and even direct it to the invited doctor live, on TV.					
79. I share my appreciation for the invited doctor and/or the treatment mentioned.					

Appendix 2 : Reliability Statistics

Behavior Table 1

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
,855	,852	22

Behavior Table 2

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
,925	,917	26