CHAPTER 20 / BÖLÜM 20

DETERMINATION OF HEALTH SEEKING BEHAVIORS OF YOUNG ADULTS IN THE SCOPE OF E-HEALTH

E-SAĞLIK KAPSAMINDA GENÇ ERİŞKİNLERİN SAĞLIK ARAMA DAVRANIŞLARININ BELİRLENMESİ

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ABSTRACT

The rapid advancement of technology has brought about transformation in the field of healthcare as well. E-health services facilitate access to health information and healthcare through digital platforms. This study is a descriptive research that examines participants' attitudes towards e-health services and the role of internet information sources in finding answers to health-related questions. Conducted with 310 participants through online surveys, the study evaluates participants' attitudes towards e-health services and how they utilize the internet to address health inquiries. 70.7% of the participants are female, and 29.3% are male. Representing various educational levels, participants include individuals with bachelor's, associate's, and high school degrees. According to the findings, many participants hold positive attitudes toward e-health services and view internet sources as effective tools for health-related queries. Information-seeking behavior regarding illnesses isn't significantly linked to education or gender. No major connection exists between chronic illness and internet information access. Yet, those with chronic illnesses favor forums and journals, indicating a higher need for experiential learning and support. In conclusion, this study offers insights into attitudes toward e-health services and the internet's role in addressing health queries. Positive evaluation of e-health services and wide use of internet sources for health inquiries are noted. Healthcare providers can consider these findings to promote e-health and internet's effective use for better access to healthcare.

Keywords: E-health, digital health, young adults, internet use, health information search

ÖZ

Teknolojinin hızla ilerlemesi, sağlık alanında da dönüşüme neden olmuştur. E-sağlık hizmetleri, sağlık bilgilerine ve sağlık hizmetlerine dijital platformlar aracılığıyla erişimi kolaylaştırmaktadır. Bu çalışma, katılımcıların e-sağlık hizmetlerine karşı tutumlarını ve sağlıkla ilgili sorulara cevap bulmada internet bilgi kaynaklarının rolünü inceleyen bir tanımlayıcı araştırmadır. Çevrimiçi anketler aracılığıyla 310 katılımcı ile yürütülen çalışma, katılımcıların e-sağlık hizmetlerine karşı tutumlarını ve sağlık sorularına cevap bulmak için interneti nasıl kullandıklarını değerlendirmektedir. Katılımcıların %70,7'si kadın ve %29,3'ü erkektir. Farklı eğitim seviyelerini temsil eden katılımcılar, lise, ön lisans, lisans, yüksek lisans ve doktora derecelerine sahip bireyleri içerir. Çalışmanın bulgularına göre, katılımcıların büyük bir kısmı e-sağlık hizmetlerine olumlu bir tutum sergilemektedir. Ayrıca, katılımcıların internet bilgi kaynaklarını sağlıkla ilgili soruları cevaplama konusunda etkili bir araç olarak gördükleri tespit edilmiştir. Elde edilen verilere göre, katılımcıların hastalıklarıyla ilgili bilgi arama davranışlarının eğitim düzeyi ve cinsiyetleri ile önemli bir ilişkisi olmadığı görülmüştür. Kronik hastalık durumları ile internet bilgi kaynaklarına erişim arasında anlamlı bir ilişki saptanmamıştır. Ancak, kronik hastalığı olan katılımcılar hastalıklarıyla ilgili internet forumlarını ve dergi/kitaplarda tarama yapmayı daha fazla tercih etmişlerdir. Bu, kronik hastalığı bulunan bireylerin diğer hastalık deneyimlerinden öğrenme ve destek alma ihtiyacının yüksek olabileceğini düşündürebilir. Sonuç olarak, bu çalışma, e-sağlık hizmetlerine karşı tutumlar ve internetin sağlık sorularına cevap vermedeki rolü konusunda içgörüler sunmaktadır. E-sağlık hizmetlerinin olumlu değerlendirmesi ve sağlık soruları için internet kaynaklarının yaygın bir şekilde kullanılması gözlemlenmiştir. Sağlık hizmeti sağlayıcıları, bu bulguları e-sağlığın teşviki ve sağlık hizmetlerine daha iyi erişim için internetin etkili kullanımını desteklemek amacıyla değerlendirebilirler.

Anahtar Kelimeler: E-sağlık, dijital sağlık, genç erişkinler, internet kullanımı, sağlık bilgisi arama

1. Introduction

The use of digital technologies in healthcare has brought about a significant transformation in the healthcare sector. E-health applications, replacing traditional healthcare services, facilitate individuals' quest for health-related information and their access to healthcare services. E-health refers to accessing health-related information and services through electronic platforms and conducting health research in digital environments. Young adults, as a demographic group who have grown up in the digital era and are tech-savvy, actively utilize e-health services. Hence, understanding the health-seeking behaviors and preferences of young adults in the context of e-health is of great importance to healthcare service providers and other stakeholders (Latifi, 2021).

This study aims to identify and comprehend the e-health health-seeking behaviors of young adults. Young adults, comprising individuals between the ages of 18 to 40, actively use e-health applications due to their healthcare needs and familiarity with technology (WHO, 2019). This study particularly focuses on young adult volunteers of the Educational Volunteers Foundation of Turkey (TEGV). TEGV is a non-governmental organization operating in the field of education and running various social projects. Accessing TEGV volunteers provides an ideal opportunity to evaluate the health-seeking behaviors and preferences of young adults. TEGV volunteers represent a community of young adults with diverse socioeconomic and cultural backgrounds. This study intends to investigate the impact of various demographic and social factors on the health-seeking behaviors of young adults.

This study was conducted by sharing a questionnaire via Google Forms to evaluate the health-seeking behaviors of young adults in e-health services. This survey specifically targeted young adults with direct internet access, aiming to reach a broad sample and represent the opinions of young adults with diverse demographic characteristics. The survey assessed various aspects, including the health-seeking habits of young adults, their preferred e-health applications, the effectiveness of digital platforms in solving their health-related issues, and their attitudes and satisfaction with e-health services.

The results of this study will provide valuable insights to healthcare organizations and other relevant stakeholders for the better delivery of e-health services. Considering the needs of young adults related to healthcare and their familiarity with technology is essential to create a healthy society. The data obtained will contribute to developing more effective strategies by healthcare policymakers and service providers.

Additionally, the data obtained in this study will offer an opportunity to understand the trends in the usage of e-health services by young adults and their impact on health outcomes.

Determining the influence of e-health services on the health status, health awareness, and health behaviors of young adults is crucial for shaping future healthcare policies. This study will help in recognizing the benefits young adults gain from e-health services and the challenges they face in accessing these services. Identifying the preferred e-health applications and information sources of young adults can enable healthcare service providers to use these applications more effectively and provide suitable services to young adults (Kıraç, 2019).

In conclusion, this study aims to provide a comprehensive understanding of the health-seeking behaviors and attitudes of young adults regarding e-health services. The results of this study can play a significant role in improving healthcare services in the future. The wide representation of various demographic and social characteristics among young adults participating in the survey will facilitate a comprehensive evaluation of the data. All these efforts are an important step in promoting the effective use of e-health services for meeting the healthcare needs of young adults and building a healthy society.

2. Material and Methods

2.1. Purpose and Scope of the Study

This study aims to determine the health-seeking behaviors of young adults in the context of e-health. In this scope, it intends to investigate how young adults access health services through the internet, what types of health information they need, their preferred sources and methods when conducting health-related research, their level of interest in health-related topics, and their perceptions of reliability. For this purpose, the "Health Search Behavior Scale" (Kıraç, 2019) and a "Survey for Determining Attitudes in E-Health" (Mendi, 2012) were used in this study, conducted with individuals aged 18-40 according to the World Health Organization's definition of young adults. In this research, young adults aged between 18-40 were selected from volunteers of the Educational Volunteers Foundation of Turkey (TEGV) who were willing to participate. The aim is to contribute to the development of e-health services and to enhance young adults' access to health information and services based on the information obtained.

2.2. Research Methodology

The methodology of this study employs a quantitative research approach to determine the health-seeking behaviors of young adults in the context of e-health. It is a descriptive study conducted using a Google survey.

2.2.1. Type of Research

This study utilizes a methodology that is cross-sectional, descriptive, and analytical. The cross-sectional design involves collecting data at a specific point in time, reflecting the current status of the participants. The descriptive method aims to examine young adults' health-related search behaviors and information needs in an explanatory manner. The analytical approach seeks to investigate relationships and factors by evaluating the collected data through statistical analyses.

2.2.2. Population and Sample of the Research

The population of the research consists of volunteers from the Educational Volunteers Foundation of Turkey (TEGV). The sample was selected from young adults who were willing to participate. According to information obtained from TEGV, the population size includes 8,000 active volunteers in the last year, with 79% being female and 21% male.

In the study, based on the data provided by Mendi. O's research, it was assumed that 50% of individuals in the sample exhibit health-seeking behavior on the internet. With a 95% confidence level and a ±5% margin of error, a design effect of 1.0 was applied, resulting in a sample size of 367 people. Considering a 5% margin of error, the target was set at 384 individuals (Mendi, 2012).

In line with the research objective, responses were obtained from a total of 310 people. The data collection process began on February 1, but due to the earthquake in Kahramanmaraş on February 6, the target of 384 individuals for the sample could not be reached. This indicates an approximate 80.7% achievement of the target sample.

2.2.3. Data Collection Tools Used in the Research

Various tools were employed in the data collection process of the research. Initially, demographic information was obtained through questions related to age, gender, educational status, occupation, income, chronic health conditions, and medication use. Additionally, the core measurement tools of the research, the "Health Search Behavior Scale" and a "Questionnaire for Determining Attitudes in E-Health Scope," were utilized. The Health Search Behavior Scale was used to assess how participants access health services on the internet, their preferred sources and methods for health-related research, their information needs regarding health, and their perceptions of reliability.

The "Questionnaire for Determining Attitudes in E-Health Scope" was used to measure participants' attitudes and security concerns regarding e-health services. The "Health Per-

ception Scale," used for the Health Search Behavior Scale, was evaluated through Turkish validity and reliability studies. Cronbach's Alpha values were calculated separately for the four sub-dimensions of the scale and reported as follows: 0.90 for the control center, 0.91 for self-awareness, 0.91 for accuracy, and 0.82 for the importance of health. A reliability analysis conducted for the "Questionnaire for Determining Attitudes in E-Health Scope" resulted in a Cronbach's Alpha (α) value of 0.926 for the entire scale, indicating its reliability. Moreover, the Kaiser-Meyer-Olkin (KMO) sample adequacy test and Bartlett's sphericity test results supported the suitability of the scale for factor analysis (Kıraç, 2019; Mendi, 2012).

Before the data collection process, the necessary permissions were obtained from the Turkey Education Volunteers Foundation. After obtaining ethical approval, the Google survey link was provided to volunteers. Participants willing to respond to the surveys accessed them through communication channels provided by the foundation.

In conclusion, the data collection process of the research was carried out by obtaining demographic information and implementing the measurement scales.

2.2.4. Location and Time of the Research

A survey form was prepared and uploaded to Google Forms, with the necessary permissions obtained from the Turkey Education Volunteers Foundation. After obtaining ethical approval, the Google survey link was provided to volunteers. Reminders were sent three times at monthly intervals. The data collection process was conducted over a period of three months. Data collection commenced in February 2023 and was completed in May 2023.

2.2.5. Data Collection for the Research

Research data were obtained through the electronic collection of participants' responses to the survey. Participants used the Google survey link provided to access the survey. The data collection process occurred during the time participants were responding to the survey.

The data were collected via the Google Forms platform, where responses to the survey questions were automatically recorded and stored. Demographic information and data obtained from the scales in the survey were recorded in numerical format.

During the data collection process, participant privacy and confidentiality were paramount. Participant identities were protected and anonymity was ensured during data collection and analysis. Informed voluntary consent was obtained from each participant, and participants were given the right to share or withdraw their data as they desired.

During the data collection process, necessary measures were taken to ensure that the research was conducted in compliance with ethical standards and that the rights of participants were safeguarded.

2.3. Evaluation of Research Data

During the evaluation of research data, analyses based on frequency and percentage ratios were performed using the SPSS 21.0 statistical analysis program. T-tests were conducted for continuous variables, chi-squared tests for categorical variables to assess the significance of the obtained data. Additionally, chi-squared tests and Pearson correlation tests were conducted for variables exhibiting trends across age groups.

Frequency analysis was employed to determine the number of responses and percentage ratios of participants' answers. This provided a general assessment of participants' preferences, sources, and methods regarding health-seeking behavior.

T-tests were used for the analysis of continuous variables. This test is employed to assess whether there is a statistically significant difference in means between different groups. In the research, t-tests were used to determine the impact of continuous variables (e.g., age, income level) on health-seeking behaviors.

Chi-squared tests were applied for the analysis of categorical variables. This test is used to determine whether the relationship between two or more variables is statistically significant. In the research, chi-squared tests were conducted to determine the impact of categorical variables (e.g., gender, education level) on health-seeking behaviors.

Pearson correlation analysis was used to assess the strength and direction of the relationship between variables. At a 95% confidence level, a p value of less than 0.05 is considered significant. In correlation analysis, an r-value in the range of 0.2 - 0.4 indicates a weak correlation, 0.4 - 0.6 signifies a moderate correlation, 0.6 - 0.8 suggests a high correlation, and values greater than 0.8 indicate a very high correlation.

2.4. Research Ethics and Permissions

This study was conducted in accordance with ethical principles. Informed consent was obtained from all participants, and their privacy and confidentiality were strictly protected. Throughout the research process, ethical and legal requirements were rigorously adhered to. Participant's personal information was kept confidential and used only for research purposes. The obtained results were solely used and reported for the purpose of this research. Necessary permissions were obtained, and ethical committee approval was secured for the execution of the research.

2.5. Research Variables

In this study, dependent and independent variables were examined to understand the health-seeking behaviors of young adults within the scope of e-health.

Dependent Variable:

Health Seeking Behavior: Factors such as how young adults access health services online, how they conduct health-related research, and their preferred sources and methods were assessed.

Independent Variables:

Demographic Characteristics: Demographic information such as age, gender, education level, and occupation was examined.

Health Information Needs: The research investigated what types of health information participants needed, which health topics they focused on, and their requests for health information.

Trust Perception: Participants' trust levels in health-related sources, their perceptions of reliability, and concerns about security during the process of accessing information were emphasized.

2.6. Research Limitations

This study has several limitations. Firstly, the research sample was comprised of volunteers from the Educational Volunteers Foundation of Turkey (TEGV). This implies that the results obtained may be limited to TEGV volunteers, and broader samples are needed for more generalizable findings.

Secondly, data was collected through surveys. This means that participants provided data based on their own reports, which might be influenced by potentially misleading factors that could affect accuracy.

Thirdly, the characteristics of the young adults who participated in the research were determined based on the sampling and research environment. Therefore, the e-health seeking behaviors of young adults with different demographic characteristics may vary. This could limit the generalizability of the results.

Lastly, the research data was collected within a specific time frame. The health-seeking behaviors of young adults can change over time, so the findings of the study might be appli-

cable only to a certain period.

Given these limitations, it's important to interpret the results of the study with caution and be mindful when making generalizations.

3. Results

In the findings section, the study aimed to determine the e-health seeking behaviors of young adults. A total of 310 individuals participated in the survey. The population of the study consisted of active volunteers from TEGV, with 79% of these volunteers being female and 21% being male.

In the survey, a total of 310 participants took part, with 70.7% (219 individuals) being female and 29.3% (91 individuals) being male.

When the distribution of the participants' ages was examined, it was observed that the average age of the young adults participating in the study was 25.86 ± 5.80. The age range of the participants varies between 18 and 40. The youngest participant is 18 years old, while the oldest participant is 40. Analyzing the age distribution with percentile values, it can be seen that 25% of the participants are under the age of 21, 50% are under the age of 24, and 75% are under the age of 29. Based on this data, it can be said that the majority of the participants fall in the mid-20s age range.

Regarding marital status, 86.8% (n=269) of the participants are single, while 13.2% are married.

When participants were examined based on their educational background, the distribution is as follows:

- 0.6% (n=2) of the participants have a Ph.D.
- 8.7% (n=27) have a master's degree.
- 52.1% (n=161) are university graduates.
- 10.3% (n=32) have an associate degree.
- 28.3% (n=88) have a high school diploma.

In terms of internet usage duration, when examined:

- 1.3% (n=4) of participants use the internet for 0-1 hour daily.
- 11.3% (n=35) use it for 1-2 hours.

- 21.5% (n=67) use it for 2-3 hours.
- 21.9% (n=68) use it for 3-4 hours.
- 44.1% (n=136) use it for over 4 hours daily.

The scoring results evaluating the general health status of the participants are presented in Table 1. The mean value of the health status scores of young adults participating in the study is calculated as 7.43 (standard deviation=1.90). The minimum score is 1, and the maximum score is 10.

According to percentile values, 25% of the participants have health status scores of 7 or lower, 50% have scores of 8 or lower, and 75% have scores of 9 or lower. Based on this data, it can be said that, on average, the young adults rate their general health as good.

The questionnaire, titled "Health Search Behavior Scale," was used to assess the participants' health-related behaviors. The questionnaire comprises a total of 12 questions, and participants were provided with response options for each question, including "Strongly Disagree,""Disagree,""Undecided,""Agree," and "Strongly Agree."

Based on the responses to the question "I search the internet about my illness," 49.4% of participants (n=153) agreed, 27.1% (n=84) strongly agreed, 8.7% (n=27) disagreed, 8.1% (n=25) strongly disagreed, and 6.8% (n=21) were undecided.

Regarding the question "I follow programs on TV about my illness," participants' responses were as follows: 39.0% (n=121) strongly disagreed, 33.9% (n=105) disagreed, 12.3% (n=38) were undecided, 11.9% (n=37) agreed, and 2.9% (n=9) strongly agreed.

For the question "I communicate with doctors on the internet about my illness," participants' responses were as follows: 32.3% (n=99) disagreed, 29.4% (n=91) strongly disagreed, 18.4% (n=57) agreed, 16.1% (n=50) were undecided, and 4.2% (n=13) strongly agreed.

In response to the question "I check the side effects of the medications I use on the internet when I'm sick," participants' responses were as follows: 38.7% (n=120) agreed, 30.3% (n=94) strongly agreed, 11.6% (n=36) disagreed, 10.0% (n=31) strongly disagreed, and 9.4% (n=29) were undecided.

For the question "I follow forums on the internet about my illness," participants' responses were as follows: 24.5% (n=76) disagreed, 23.2% (n=72) agreed, 22.3% (n=69) strongly disagreed, 19.0% (n=59) were undecided, and 11.0% (n=34) strongly agreed.

In response to the question "I search in online magazines and books about my illness," participants' responses were as follows: 26.5% (n=82) disagreed, 25.5% (n=79) strongly disag-

reed, 23.9% (n=74) agreed, 15.5% (n=48) were undecided, and 8.7% (n=27) strongly agreed.

For the question "I immediately consult my family doctor when I'm ill," participants' responses were as follows: 34.8% (n=108) agreed, 19.4% (n=60) disagreed, 18.7% (n=58) strongly agreed, 17.1% (n=53) were undecided, and 10.0% (n=31) strongly disagreed.

In response to the question "I pay attention to the guidance of my family doctor about my illness," participants' responses were as follows: 44.5% (n=138) agreed, 31.3% (n=97) strongly agreed, 12.6% (n=39) were undecided, 6.1% (n=19) disagreed, and 5.5% (n=17) strongly disagreed.

Regarding the question "I pay attention to the recommended foods by the doctor," participants' responses were as follows: 47.1% (n=146) agreed, 35.5% (n=110) strongly agreed, 11.0% (n=34) were undecided, 3.2% (n=10) strongly disagreed, and 3.2% (n=10) disagreed.

In response to the question "I try to get better with herbal remedies at home," participants' responses were as follows: 36.5% (n=113) agreed, 21.6% (n=67) were undecided, 16.5% (n=51) strongly agreed, 15.2% (n=47) disagreed, and 10.3% (n=32) strongly disagreed.

For the question "I pay attention to the recommendations of people I trust for my illness," participants' responses were as follows: 35.5% (n=110) agreed, 21.6% (n=67) were undecided, 19.4% (n=60) disagreed, 14.2% (n=44) strongly agreed, and 9.4% (n=29) strongly disagreed.

Regarding the question "I pay attention to the recommendations of people who have had the same illness before," participants' responses were as follows: 42.6% (n=132) agreed, 18.1% (n=56) were undecided, 14.2% (n=44) strongly agreed, 13.2% (n=41) disagreed, and 12.0% (n=37) strongly disagreed.

These results provide information about participants' health search behaviors and attitudes regarding illness.

Table 1. The comparison of participants' educational levels with their tendency to search the internet about their illnesses

	I search the internet about my illness.					
Education level	**Strongly Disagree**	**Disagree**	**Undecided**	**Agreed**	**Strongly Agreed**	**Total**
	n (%)	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**
Ph.D.	0 (0)	1 (50)	0 (0)	0 (0)	1 (50)	2 (100)
Master's degree	3 (11.1)	1 (3.7)	3 /11.1)	10 (37)	10 (37)	27 (100)
Bachelor's degree	9 (5.6)	12 (7.5)	12 (7.5)	89 (55.3)	39 (37)	161 (100)
Associate degree	7 (21.9)	4 (12.5)	3 (9.4)	12 (37.5)	6 (18.8)	32 (100)
High school	6 (6.8)	9 (10.2)	3 (9.4)	42 (37.5)	28 (31.8)	88 (100)
Total	25 (8.1)	27 (8.7)	21 (6.8)	153 (49.4)	84 (27.1)	310 (100)

In Table 1, a comparison of the responses of participants to the statement "I search the internet about my illness" is provided based on their educational levels. The values in the table illustrate the different responses given by participants depending on their varying educational backgrounds.

When we examine participants' tendency to search the internet about their illnesses according to their educational levels, among the participants with a doctorate degree, no one responded "Strongly Disagree," while one person (50%) responded "Disagree." Among participants with a master's degree, 3 (11.1%) responded "Strongly Disagree," 1 (3.7%) responded "Disagree," 3 (11.1%) were "Undecided," 10 (37%) "Agreed," and 10 (37%) "Strongly Agreed." Within the group of participants with a bachelor's degree, 9 (5.6%) responded "Strongly Disagree," 12 (7.5%) "Disagree," 12 (7.5%) were "Undecided," 89 (55.3%) "Agreed," and 39 (24.2%) "Strongly Agreed." Participants with an associate degree included 7 (21.9%) who responded "Strongly Disagree," 4 (12.5%) "Disagree," 3 (9.4%) "Undecided," 12 (37.5%) "Agreed," and 6 (18.8%) "Strongly Agreed." Among participants with a high school diploma, 6 (6.8%) responded "Strongly Disagree," 9 (10.2%) "Disagree," 3 (3.4%) "Undecided," 42 (47.7%) "Agreed," and 28 (31.8%) "Strongly Agreed."

The *p* value is calculated as 0.446. This value indicates that there is no significant relationship between educational levels and the tendency to search the internet about illnesses (*p* value > 0.05).

According to the table, there is no significant difference in the tendency to search the internet about illnesses based on the participants' educational levels. The majority of participants with different educational backgrounds have indicated that they are actively or strongly

actively searching for information about their illnesses. There are 88 participants at the high school level.

Table 2. Comparison of participants' gender and privacy concerns during internet usage

	I have concerns about my privacy during the use of internet information sources.					
	Strongly Disagree	**Disagree**	**Undecided**	**Agreed**	**Strongly Agreed**	**Total**
	n (%)	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**
Gender						
Male	21 (23.1)	20 (22)	18 (19.8)	23 (25.3)	9 (9.9)	91 (100)
Female	23 (10.5)	50 (22.8)	68 (31.1)	50 (22.8)	28 (12.8)	219 (100)
Total	44 (14.2)	70 (22.6)	86 (27.7)	73 (23.5)	37 (11.9)	310 (100)

Table 2 examines the relationship between participants' gender and privacy concerns during internet usage. According to the results, the p value is calculated as 0.378 (p value > 0.05), indicating that there is no statistically significant relationship between gender and privacy concerns during internet usage. In other words, the gender of the participants does not appear to significantly influence their privacy concerns when using internet information sources.

Based on these findings, it can be concluded that the gender of the participants is not a determining factor for privacy concerns during the use of internet information sources.

4. Conclusions

The age of technology and digitization has made the internet an essential part of our daily lives. Particularly, young adults take advantage of the benefits of accessing unlimited information quickly and easily in the online world. Health-related matters hold a significant place in this context. Young adults often use the internet to gain more information about their health issues and find solutions.

This study was conducted to understand how young adults research and find solutions to their health-related problems on the internet. The data obtained through the survey reveals their internet usage habits and their tendencies to search for health-related information. In this study, the impact of variables such as age, gender, and education level on the internet usage habits of young adults was examined.

The ease of access to health information on the internet significantly affects the process of how young adults research and understand health-related issues. The opportunity to quickly research health-related information and easily access up-to-date information contributes to

young adults managing their health more consciously. However, caution is necessary concerning the accuracy and reliability of information obtained from the internet. At this point, it is important for healthcare service providers and educators to guide young adults in evaluating the information they acquire online correctly and seeking expert opinions before making health decisions.

When evaluating the distribution of participants based on their internet usage, it is observed that 1.3% (4 individuals) use the internet for 0-1 hour daily, 11.3% (35 individuals) for 1-2 hours, 21.5% (67 individuals) for 2-3 hours, 21.9% (68 individuals) for 3-4 hours, and 44.1% (136 individuals) for more than 4 hours daily. According to the results of Mendi's study from 2012 with 450 participants, 20.7% (93 individuals) of the participants use the internet for 0-1 hour daily, 23.3% (105 individuals) for 1-2 hours, 23.1% (104 individuals) for 2-3 hours, 12.4% (56 individuals) for 3-4 hours, and 20.4% (92 individuals) for more than 4 hours daily (28). When comparing these two sets of data, we can observe changes in internet usage durations. Especially, the rate of using the internet for more than 4 hours daily, in this thesis, is 44.1%, whereas in Mendi's study, this rate was determined as 20.4%. This indicates that over the past 11 years, internet usage durations have increased, and the habit of daily prolonged internet usage has become more widespread.

When we focus on the health-seeking behaviors of the young adult participants in the survey, the results obtained are quite diverse. Almost half of the participants (49.4%) reported engaging in health information-seeking behavior. This finding demonstrates that young adults perceive the internet as an effective source to access health information and prefer to actively use it. Furthermore, 27.1% of the participants mentioned that they are actively continuing their health information-seeking behavior. This suggests that young adults have a deeper interest in conducting in-depth research on health-related issues.

However, 8.7% of the participants stated that they do not prefer using the internet to seek information about their health. These results indicate that the internet plays a significant role in the process of searching for health-related information, but some participants still prefer traditional methods.

When we compared the responses of the participants to the statement "I search for information about my illness on the internet" according to their educational levels, the findings show that there was no significant difference in the health information-seeking behavior on the internet among the participants with different educational levels ($p > 0.05$). Among the participants at the doctoral level, none of them chose "Strongly Disagree" as an answer, while

11.1% of the participants at the master's level selected this response. Similarly, among the participants at the associate degree level, 21.9% chose "Strongly Disagree," whereas among the high school level participants, this rate was 6.8%. As the participants' educational level increased, the rate of "Agree" and "Strongly Agree" responses increased, while the rate of "Strongly Disagree" responses decreased. A similar study by Yüksel also found no statistically significant differences in health-seeking behaviors based on participants' educational levels. These similar results from both studies suggest that the educational level of the participants does not affect their behavior of seeking health-related information on the internet.

Regarding the question about whether they find it easier to access the information they seek through internet information sources, the participants' responses were as follows: 42.7% of the participants chose "Agree," and 27.3% chose "Strongly Agree." These percentages indicate that a significant portion of the participants effectively use the internet to access information. The fast access and the ability to reach various information sources easily through the internet seem to facilitate participants in obtaining up-to-date and detailed information on health-related topics.

However, 27.3% of the participants strongly agreed that they can access the information they seek much more easily through internet information sources. This highlights that a significant portion of the participants is highly satisfied with the rapid information access provided by the internet. On the other hand, nearly 30.0% of the participants either chose "Disagree" or "Strongly Disagree" in their response. This suggests that there might be negative or apprehensive attitudes towards e-health services. Various factors might underlie these negative attitudes, such as concerns about the reliability of internet sources, the challenge of sifting through abundant information to find accurate information, and personal privacy concerns (Erdoğan & Hocaoğlu, 2020).

These results underscore the importance of considering users' different opinions and needs in the process of expanding and improving the use of e-health services. Healthcare providers and content providers should take various measures to enhance the reliability of information provided online, ensuring that users can easily access accurate and trustworthy information.

Furthermore, promoting e-health services more widely and effectively among users will be essential. This could involve employing different methods and providing educational resources to raise awareness and understanding of the benefits and correct usage of e-health services.

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