

# MEME UCU ÇATLAĞI İLE İLGİLİ YOUTUBE'DAKİ VİDEOLARIN İNCELENMESİ

## Evaluation of YouTube Videos Related to Nipple Cracks

Yeliz KAYA<sup>1</sup>(0000 0003 4277 3960), Pelin PALAS KARACA<sup>2</sup>(0000 0002 9336 6209)

### ÖZET

**Amaç:** Bu araştırmanın amacı, meme ucu çatlağı ile ilgili Youtube videolarındaki bilgilerin kalitesini değerlendirmektir.

**Gereç ve Yöntem:** Aralık 2018 tarihinde YouTube taranarak meme ucu çatlağı araştırması yapıldı. Doktora mezunu iki öğretim üyesi tarafından izlenen videolar kaynakları, içerikleri ve önerileri açısından değerlendirilerek gruplandırıldı (Mükemmel, orta, zayıf). Araştırmacılar tarafından 50 video izlendi. Verilerin analizinde, Shapiro Wilk, Kruskal Wallis H testi, Pearson Kesin (Exact) Ki-Kare testi kullanıldı. Analizlerin uygulanması IBM Spss Statistics 21.0 paket programında yapıldı. İstatistiksel önemlilik düzeyi 0.05 olarak belirlendi.

**Bulgular:** Çalışma kapsamında YouTube'daki ilk 50 video analiz edilmiştir. Bu 50 videonun 30'u (%60) çalışmaya dahil edilirken 20'si (%40) çalışma dışı bırakılmıştır. Videoların gruplandırılması ile görüntülenme sayısı arasında istatistiksel açıdan anlamlı farklılık saptanmamış olup ( $p=0.305$ ) toplam görüntülenme sayısı  $98048.89 \pm 320661.65$  olarak belirlenmiştir. Videonun kaynağı ile içerik olarak gruplandırılması arasındaki ilişki karşılaştırıldığında; istatistiksel açıdan anlamlı farklılık saptanmış olup ( $p=0.001$ ) mükemmel olarak gruplandırılan videoların tamamının kaynağı sağlık personeli olarak belirlendi. Video kaynakları ile videolarda verilen öneriler arasındaki ilişki karşılaştırıldığında; istatistiksel açıdan anlamlı farklılık saptanmış olup ( $p=0.006$ ) kombine tedaviyi sadece sağlık personelinin önerdiği tespit edilmiştir.

**Sonuç:** Kaynağın sağlık personeli olduğu videolar izleyenler açısından yararlı olmasına rağmen yanıltıcı bilgiler içeren videolar da bulunmaktadır. Bu nedenle izleyenler için güvenilir bilgi kaynağı değildirler. Dolayısıyla sağlık personelinin meme ucu çatlağı hakkında sağlık personeli tarafından yüklenmiş videoları tercih etmeleri için kişileri yönlendirmeleri önerilmektedir.

**Anahtar Kelimeler:** *Meme ucu; çatlak; video, sağlık personeli*

### ABSTRACT

**Objective:** The object of this research is to evaluate the quality of information on Youtube videos related to nipple cracks.

**Material and Method:** Youtube was searched and a research related to nipple cracks was performed in December 2018. Videos watched by two faculty members who had a PhD degree were evaluated and grouped (Excellent, average, poor) for their sources, contents and recommendations. 50 videos were watched by the researchers. For data analysis, Shapiro Wilk, Kruskal Wallis H test, Pearson Exact Chi-Square test were used.

**Results:** In the research, the first 50 videos on YouTube were analyzed. 30 (60%) of these 50 videos were included in the study, whereas 20 (40%) were excluded from the study. A statistically significant difference ( $p=0.001$ ) was determined when the relationship between the video source and the grouping as the content was compared, and the source of all the videos grouped as excellent was determined as the health personnel. A statistically significant difference ( $p=0.006$ ) was found when the relationship between the video sources and the recommendations provided in the videos was compared, and it was determined that the combined treatment was recommended only by the health personnel.

**Conclusion:** Although the videos in which the source is the health personnel are useful for the viewers, there are also videos containing misleading information. Therefore, they are not a reliable source of information for the viewers. Thus, it is recommended for the healthcare personnel to guide people to choose videos related to nipple cracks uploaded by the health personnel.

**Key Words:** *Nipple, crack; video; health personnel.*

<sup>1</sup>Eskişehir Osmangazi University Faculty of Health Sciences, Nursing Department of Obstetrics and Gynecology, Eskişehir.

<sup>2</sup>Balıkesir University Faculty of Health Sciences, Department of Midwifery, Balıkesir, Turkey.

Yeliz KAYA, Dr. Öğr. Üyesi  
Pelin PALAS KARACA, Dr. Öğr. Üyesi

### İletişim:

Dr. Öğr. Üyesi Pelin PALAS KARACA  
Balıkesir University Faculty of Health Sciences, Department of Midwifery, Balıkesir, Turkey

**Telefon:** 0 505 588 77 72

**e-posta:** pelinpalas@hotmail.com

Geliş tarihi/Received: 28.06.2019

Kabul tarihi/Accepted: 15.01.2020

**DOI:** 10.16919/bozoktip.583839

Bozok Tıp Derg 2020;10(2):67-72

Bozok Med J 2020;10(2):67-72

## INTRODUCTION

Breast problems are frequently encountered in the early postpartum period. The most common one among these problems, especially in the first 1-2 weeks of breastfeeding, is the nipple cracks (1,2). Nipple cracks are encountered by 15-41% on the first 3 days of breastfeeding (3,4). There are many reasons for nipple cracks; however, the most common one is the fact that the baby is only breastfed from nipples due to the incorrect breastfeeding (5). Moreover, the fact that some babies suck strongly or bite nipples can also cause cracks. Mothers, especially those with fair skin, those with flat or inverted nipples or those who are in the primiparous period are reported to be at risk for cracks (6).

Nipple cracks can cause severe pain in the mother and breast inflammation, as well (7). It can also lead to the use of supplementary food for the baby (8,9). The hygiene of breasts and the use of correct breastfeeding technique are important in preventing cracks (10). The World Health Organization (WHO) and UNICEF recommend that breastfeeding mothers should keep the nipples clean and dry for breast care (11,12). Although there is no evidence-based information on prevention and treatment of nipple cracks, applications such as breast milk, warm water, lanoline, hydrogel dressing, and guaiazulene are recommended (11-13). Other than these applications, another recommended method is olive oil application on breasts. Olive oil enables recovery through its moisturizing and antifungal effect on where it is applied on mother's breast (14). The use of an additional antiseptic and emollient cream to be recommended by a physician and the use of a heat lamp may also be helpful in treatment (7).

Websites include more video content day by day. These websites can be considered as valid information resources. The most popular one is YouTube. It has an average of two billion views per day, new videos are uploaded in every minute, and a typical user spends at least 15 minutes on this website every day (15). As a recent report, 54.33 million Turkish people were the internet user and the 55 % of this population were the YouTube users at 2018 . The recent reports

have shown that the use of internet has increased significantly for receiving information in the health field (17-18). In Turkey, the major third reason ( 66%) of the YouTube use was the accessing health information (19). However, health care providers have concerns about the accuracy and quality of the information provided on the internet for two reasons. The first is the fact that subjective information is also given on YouTube. The second and the more important one is the fact that the content of the information on this website is not checked. These issues raise questions about the reliability of this information and the risk of distributing misleading information (20-22).

The aim of this research is to assess the quality of information about nipple cracks in YouTube videos.

## MATERIALS AND METHODS

No ethics approval was needed for the study for not involving human subjects. The research was conducted in December 2018 by reviewing the first 50 videos that were reached on YouTube when the keyword, nipple cracks, was searched. The reason of limiting with 50 videos was due to the fact that the following videos had more ad content.

During the review, the inclusion criteria of the study were determined (Videos that were recorded in Turkish, that were less than 10 minutes and that had content about nipple cracks were evaluated) and evaluation was made according to these criteria. 30 videos were evaluated and 20 videos were not included in the evaluation. Reasons for exclusion were the lack of sound in the video, presentation of personal experiences, not being in Turkish, not being related to nipple cracks, being unable to open the video, having news-related content, being a humorous video, lasting more than 10 minutes, being a repetitive video, including movie scenes and songs. The videos included in the evaluation were evaluated in terms of the duration of the video, the date of upload, the number of likes received, the number of views, the source of the video, whether it recommends treatment advice related to the subject. This evaluation was made by two academic members with a doctoral degree in Obstetrics and Gynecology Department. The

videos were viewed one by one, general information and scientific contents were analyzed and they were grouped as excellent, moderate and insufficient. Since there are no standardized and approved instruments to conduct such an analysis, a number of predetermined criteria were used to grade the videos. If a video included both advantages and disadvantages in the video content, it was categorized as an excellent video. If only the advantages of a suggestion were discussed in a video, it was categorized as a moderate video. If incorrect information were shared in a video, it was categorized as an insufficient video.

Continuous data were represented as mean ± standard deviation and median (Q1 - Q3). Categorical data were given as a percentage (%). Suitability to the normal distribution was tested using Shapiro Wilk test. Kruskal Wallis H test was used in the comparison of groups that were not suitable to the normal distribution. Pearson Exact Chi-Square test was used in the analysis of categorical data. The data were analyzed in IBM Spss Statistics 21.0 (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.) package software. The statistical significance level was determined as 0.05.

**RESULTS**

In the study, the first 50 videos were analyzed. Of these videos, 30 (60%) were included in the study. 20 videos (40%) were excluded from the study since 1 of these videos (5.0%) had no sound, 11 (55.0%) included personal experiences, 1 (5.0%) was not in Turkish, 4 (20.0%) were not related to nipple cracks, 1 (5.0%) had news-related content and 2 (10.0%) lasted longer than 10 minutes (Table 1).

**Table 1.** Excluded videos

Reason of Exclusion	n (%)
No sound	1 (5.0%)
Personal Experience	11 (55.0%)
Not in Turkish	1 (5.0%)
Not related	4 (20.0%)
News	1 (5.0%)
Longer Than 10 Minutes	2 (10.0%)
Total	20 (100%)

When the correlation between the number of views and categorization of the video according to the content was compared, there was no statistically significant difference found between the categorization and the number of views (p=0.305). The total number of views was found as 98048.89 ± 320661.65.

When the correlation between the source of the video and categorization according to the content was compared, a statistically significant difference was found (p=0.001). It was determined that sources of all videos that were categorized as excellent were health personnel.

When the correlation between the sources of the videos and suggestions given in videos were compared, a statistically significant difference was found (p=0.006). It was determined that only health personnel suggested combined therapy.

**Table 2.** Relation between number of views categorized youtube videos

	n (%)	Number of Views	p
		Mean ± Standard Deviation Median (Q1 – Q3)	
<b>Insufficient</b>	5 (16.7)	6199.75 ± 6991.95 4299.00 (833.00 - 13467.25)	0.305
<b>Moderate</b>	14 (46.6)	94707.21 ± 287163.37 14377.00 (2051.75 - 34029.75)	
<b>Excellent</b>	11 (36.7)	135701.63 ± 419214.69 6175.00 (234.00 - 23556.00)	
<b>Total</b>	30 (100.0)	98048.89 ± 320661.65 11814.00 (470.00 - 22456.00)	
*Kruskal Wallis H Test			

**Table 3.** Relation between sources of categorized youtube videos

	Source		p
	Non- Health Personnel	Health Personnel	
<b>Insufficient</b>	5 (41.7%)	0 (0.0%)	0.001
<b>Moderate</b>	7 (58.3%)	7 (38.9%)	
<b>Excellent</b>	0 (0.0%)	11 (61.1%)	
<b>Total</b>	12 (100.0%)	18 (100.0%)	
*Pearson Exact Chi-Square			

**Table 4.** Recommendation According to video sources

	Recommendations							p*
	No Recommendation	Drug Therapy	Correct Breastfeeding	Alternative Therapy	Breast Milk and/or Warm Water	Combined Therapy	Total	
Non- Health Personnel	1 (33.3%)	0 (0.0%)	1 (100.0%)	9 (66.7%)	1 (33.3%)	0 (0.0%)	12 (40.0%)	0.006
Health Personnel	2 (66.7%)	1(100.0%)	0 (0.0%)	3 (33.3%)	2 (66.7%)	10 (100.0%)	18 (60.0%)	
Total	3 (100.0%)	1(100.0%)	1 (100.0%)	12 (100.0%)	3 (100.0%)	10 (100.0%)	30 (100.0%)	

\* Pearson Exact Chi-Square

## DISCUSSION

The aim of this research is to assess the quality of information about nipple cracks in YouTube videos. The videos on YouTube can be examined due to the reasons such as the reliability of the information, the ease of sharing video, and non-standard information on uploaded videos (23). In this context, 50 videos on YouTube related to nipple cracks were reviewed in December 2018. No YouTube review study on this topic has been conducted in our country.

YouTube is one of the most effective mass media in recent years. It is a video sharing site that provides users the opportunity to upload, watch, share videos and communicate with others (24). YouTube videos that include incorrect and misleading information can lead women to learn incorrect information. For this reason, the quality and content of videos uploaded on YouTube are important. In the research, of the videos, 60,0% were included in the study and 40,0% were excluded from the study. Of the videos excluded from the study, 5.0% had no sound, 55.0% included personal experiences, 5.0% was not in Turkish, 20.0% were not related to nipple cracks, 5.0% had news-related content and 10. 0% lasted longer than 10 minutes.

In order to learn more about nipple cracks, which are frequently seen in breastfeeding period, breast care and treatment and to get support from people with similar problems, lots of mothers search on YouTube where there is a lot of visual content. In the research, there was no significant correlation found between the number of views of YouTube videos and their

categorization according to their contents. In the study, the ratio of insufficient videos was found as 16.7%, moderate videos as 46.6% and excellent videos as 36.7%. Similar to our study, in the study conducted by Peter, Steinberg et al. (2010), it was found that there was no significant correlation between YouTube video content and number of views or scoring (25). In another YouTube study conducted by Thapa et al. (2018) on hyperactivity, only 8 (5.03%) videos were found to be very useful. 44 (27.67%) videos were determined to be useful, 46 (28.93%) videos as useless and 61 (38.36%) as misleading videos (26). Steinberg et al. (2010) conducted a study on prostate cancer by using usefulness scores of YouTube videos. In this study, 73% of the videos were found to have impartial or weak content (27). Watching poor quality and misleading videos may mislead women regarding the treatment of nipple cracks. Therefore, it can be said that there is a need for videos related to nipple cracks that are highly useful and that are based on more evidence and scientific knowledge.

Today, YouTube is a platform disseminating health-related information. It is increasingly being used and video contents can influence decisions and treatments of individuals (28,29). In this research, when the source and the content of the video were compared, it was determined that the difference was significant and that all the videos which were defined as excellent were prepared by the health personnel. In the study conducted by Abukaraky et al. (2018), 117 YouTube videos on dental implants were reviewed and more than half of the videos were found to be uploaded by health professionals (30). In another study that

examined YouTube videos as a source of information about oral cancer, it was determined that YouTube videos that were uploaded by individuals other than health professionals were less useful (31). In another study conducted, most of the videos on YouTube were uploaded by academicians and health professionals likewise in our study (32). This finding of the research shows similarity with the results of other YouTube review studies.

In the research, when the correlation between the video sources and the suggestions given in the videos were compared, a statistically significant difference was found. Only health personnel were found to recommend the combined therapy. Again in the research, it was found that 60% of health personnel and 40% of individuals other than health personnel made recommendations in the videos about nipple cracks. In a social media analysis conducted on prostate cancer videos, most of the videos were determined to be uploaded by physicians or specialists (33). This finding supports our work. Sahin et al. (2018) reported that most of the useful videos (75%) about retinopathy were uploaded by health professionals (34). Research findings show that many videos on YouTube about nipple cracks have been uploaded by health care personnel; however, it is thought-provoking that some of them have been uploaded by individuals other than health care personnel.

## CONCLUSION

Many women who have nipple cracks can benefit from YouTube videos to achieve the treatment options for this situation. However, although there are many videos on YouTube about nipple cracks, most of them include misleading and incorrect information and can be uploaded by individuals who are not health personnel.

There is a need for videos with complete and accurate information in order to improve training videos about nipple cracks. In this context, health professionals should be encouraged to create training videos and women who suffer from nipple cracks should be directed to watch videos uploaded by health professionals.

## Conflict of interest statement

The authors have no conflict of interest.

## REFERENCES

1. Kearney MH, Cronenwett LR, Barret JA. Breastfeeding problems in the first week postpartum. *J Nurs Res* 1990; 39(2): 90-94.
2. Fraser DM, Cullen L. Postnatal management ve breastfeeding. *Obstet Gynaecol Reprod Med* 2008; 19(1): 7-12.
3. Mert H, Şirin A. Postpartum erken dönemde görülen meme sorunları ve bunu etkileyen faktörlerin incelenmesi. *Ege Üniv Hemşire YO Derg* 2010; 26(Ek): 299.
4. Akkuzu G, Taşkın L. Impacts of breast-care techniques on prevention of possible postpartum nipple problems. *Prof Care Mother Child* 2000; 10(2): 38-41.
5. Carlander AK, Edman G, Christensson K, Andolf E, Wiklund I. Contact between mother, child and partner and attitudes towards breastfeeding in relation to mode of delivery. *Sexual and Reproductive Health Care*. 2010; 1: 27-34.
6. Taşkın, L. Doğum ve Kadın Sağlığı Hemşireliği, Genişletilmiş VI. Baskı, Sistem Ofset Matbaacılık, Ankara, 2013; s: 351-363, 365-379, 381-397.
7. Bayram F. Postpartum dönemdeki annelerin anne sütünün önemi hakkında bilgi düzeylerinin incelenmesi, Afyon Kocatepe Üniversitesi Sağlık Bilimleri Enstitüsü, Yüksek Lisans Tezi, Afyon, 2006.
8. Buck ML, Amir LH, Culliane M and Donath SM. Nipple pain, damage, and vasospasm in the first 8 weeks postpartum. *Breastfeed Med* 2014;9:56-62.
9. Ahmed EMS, Mohamed HAE, Abu-Talib YM. Evidence based guideline using to alleviate traumatic nipple among nursing mothers. *World J Nurs Sci* 2015;1:35-44.
10. WHO/UNICEF. (Online) The World Health Report 2005: Make Every Mother and Child Count Available from: [http://www.who.int/whr/2005/whr2005\\_en.pdf](http://www.who.int/whr/2005/whr2005_en.pdf), (Accessed 2012 December 15).
11. Buchko B, Pulgh L, Bishop BA, Cochran JF, Smith LR, Lerew DJ. Comfort measures in breastfeeding, primiparous women. *JOGNN* 1994; 23(1): 46-52.
12. Mohammadzadeh A, Farhat A, Esmaily H. The effect of breast milk and lanolin on sore nipples. *Saudi Med J* 2005; 26(8): 1231-1234.
13. Api M, Sivri D, Api O, Görgen H, Çetin A, Yayla M. Emziren lohusalarda meme başı çatlaklarının önlenmesinde gayazulen ve anne sütünün etkinliğinin karşılaştırılması: randomize, kontrollü, çift-kör çalışma. *J Turk Ger Gynecol Assoc* 2005; 6(4):279-284
14. Letitia B, Robinson LT. Olive oil: a natural treatment for sore nipples?. *AWHONN Lifelines* 2002; 6(2): 110-112.
15. YouTube at five- 2 bn views a day. <http://news.bbc.co.uk/2/hi/technology/8676380.stm>. access date: 12.09.2019
16. We are social. (2018), The State of the Internet in Q4 2018. <https://wearesocial.com/blog/2018/10/the-state-of-the-internet-in-q4-2018>. access date: 12.11.2019.
17. Atkinson NL, Saperstein SL and Pleis J. Using the internet for health-related activities: findings from a national probability sample. *J Med Internet Res* 2009; 11(1): e4.

18. Rutten LJ, Squiers L and Hesse B. Cancer-related information seeking: hints from the 2003 Health Information National Trends Survey (HINTS). *J Health Commun* 2006; 11(1): 147–156.
19. Türkiye İstatistik Kurumu. Hanehalkı Bilişim Teknolojileri Kullanım Araştırması 2015. <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=18660>. access date: 12.11.2019.
20. Singh AG, Singh S and Singh PP. YouTube for information on rheumatoid arthritis—a wakeup call? *J Rheumatol* 2012; 39(5): 899–903.
21. Briones R, Nan X, Madden K, Waks L. When vaccines go viral: an analysis of HPV vaccine coverage on YouTube. *Health Commun* 2012; 27(5): 478–485.
22. Allen A, Nguyen B, Nagalla R, Jensen J. Social media and the IUD—a YouTube content analysis. *Contraception* 2012; 86(3): 316.
23. Nason GJ, Kelly P, Kelly ME, Burke MJ, Aslam A, Giri SK, et al. YouTube as an educational tool regarding male urethral catheterization. *Scand J Urol* 2015;49:189–192.
24. Alp Y, Kaleci D. YouTube Sitesindeki Videoların Eğitim Materyali Olarak Kullanımına İlişkin Öğrenci Görüşleri. *International Journal of Active Learning* 2018; 3(1):57-68.
25. Steinberg PL1, Wason S, Stern JM, Deters L, Kowal B, Seigne J. YouTube as source of prostate cancer information. *Urology* 2010; 75:619-622.
26. Thapa P1, Thapa A2, Khadka N1, Bhattarai R3, Jha S, Khanal A and etl al YouTube Lens to Attention Deficit Hyperactivity Disorder: A Social Media Analysis. *BMC Res Notes*. 2018; 4;11(1):854. doi: 10.1186/s13104-018-3962-9.
27. Steinberg PL, Wason S, Stern JM, Deters L, Kowal B, Seigne J. YouTube as Source of Prostate Cancer Information. *Urology*. 2010;75:619–22.
28. Madathil KC1, Rivera-Rodriguez AJ2, Greenstein JS1, Gramopadhye AK1.. Healthcare information on YouTube: A systematic review. *Health Informatics J* 2015;21(3):173-94. doi: 10.1177/1460458213512220.
29. Kelly-Hedrick M1, Grunberg PH2, Brochu F3, Zerkowitz P. "It's Totally Okay to Be Sad, but Never Lose Hope": Content analysis of Infertility-related videos on YouTube in relation to viewer preferences. *J Med Internet Res* 2018; 23;20(5) 10199. doi: 10.2196/10199.
30. Abukaraky A, Hamdan AA, Ameer MN, Nasief M, Hassona Y. Quality of YouTube TM videos on dental implants. *Med Oral Patol Oral Cir Bucal* 2018 ;1;23(4):e463-e468.
31. Hassona Y, Taimeh D, Marahleh A, Scully C, YouTube as a source of information on mouth (oral) cancer. *Oral Dis*. 2016;22(3):202-8. doi: 10.1111/odi.12434.
32. Ocak U. Niger Evaluation of the Content, Quality, Reliability and Accuracy of YouTube videos regarding endotracheal intubation techniques. *J Clin Pract*. 2018;21(12):1651-1655.
33. Basch CH, Ruggles KV, Berdnik A, Basch CE. Characteristics of the most Viewed YouTube™ videos related to bullying. *Int J Adolesc Med Health* 2015. doi.org/10.1515/ijamh-2015-0063.
34. Sahin AN, Sahin AS, Schwenter F, Sebahang H. YouTube videos as a source of information on colorectal cancer: What Do Our Patients Learn? *J Cancer Educ*. 2018 Sep 21. doi: 10.1007/s13187-018-1422-9.