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An Analysis of Turkish YouTube Videos on Dental Radiography During Pregnancy: Content and Source Characteristics

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Abstract

Background: Video-based digital platforms such as YouTube have become important sources of health information, especially for sensitive populations like pregnant individuals. However, the quality and reliability of such content remain a concern, particularly regarding radiographic procedures during pregnancy. This study aimed to evaluate the content quality and reliability of YouTube videos on "dental radiography during pregnancy" using the DISCERN and Global Quality Scale (GQS) tools and to analyze whether these metrics vary based on the source of content.

Methods: A cross-sectional descriptive analysis was conducted on publicly available Turkish-language YouTube videos between July 5 and July 7, 2025. Videos were assessed by 2 independent reviewers using the DISCERN (5-item, 25-point scale) and GQS (5-point Likert scale). Videos were categorized into "Poor," "Moderate," or "Good" quality based on DISCERN scores. Statistical comparisons were made using one-way ANOVA.

Results: Among the 42 analyzed videos, 59% were of moderate quality, 23% of low quality, and 18% of high quality. The overall mean DISCERN score was 15.3 ± 2.7, and the mean GQS score was 3.4 ± 0.7. No significant differences in DISCERN or GQS scores were found according to content source (doctor, channel, or hospital) ($P > .05$). Although videos uploaded by individual healthcare professionals received more likes (99.8 ± 200.9) and had higher view rates (1717 ± 1248 views/day), the content quality (DISCERN and GQS) was similar across all sources. Videos in the "Good" quality group had significantly higher GQS scores (4.1 ± 0.3, $P = .001$).

Conclusion: YouTube content on dental radiography during pregnancy is generally of moderate quality. The involvement of healthcare professionals as speakers in all videos may explain the uniformity in content accuracy. GQS appears to be a sensitive tool for distinguishing presentation quality. Increasing professional visibility and promoting evidence-based content on digital platforms is recommended.

Keywords: Dental, health education, health information, pregnancy, radiography, social media

What is already known on this topic?

- *YouTube is one of the most commonly used platforms for individuals seeking health information, including pregnant users; however, the quality and reliability of video content vary widely.*
- *Although dental radiography during pregnancy is considered safe when appropriate protective measures are used, public awareness of this fact remains low, and misconceptions are widespread.*
- *Previous research has shown that YouTube health-related videos frequently exhibit misinformation, insufficient content, and a lack of standardization.*

What does this study add on this topic?

- *This study represents the first known systematic evaluation of Turkish-language YouTube videos on "dental radiography during pregnancy" using the DISCERN and GQS instruments, demonstrating that most videos provide only moderate-quality information.*
- *The lack of significant quality differences among content creator types (physicians, thematic channels, hospitals) suggests that the presence of healthcare professionals as speakers contributes to a baseline level of technical accuracy across videos.*
- *Engagement metrics such as views and likes were not directly associated with content quality, indicating that user interaction does not necessarily reflect the informational value of the videos.*

INTRODUCTION

Today, digital media, particularly video-based content platforms, have become one of the most frequently accessed sources for individuals seeking health information. YouTube ranks as the second most visited website worldwide and stands out as a widely preferred platform by users aiming to obtain information on health-related topics.[1] Video content is increasingly utilized for health education purposes, as it enables the

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presentation of complex medical information in a visual, simple, and accessible manner.[2] Especially for individuals with limited access to healthcare systems or low health literacy, such digital platforms play a crucial role both in accessing information and shaping treatment decisions.[3]

Recent studies have revealed that individuals' interactions with digital health content are remarkably high. A recent study reported that 88% of participants engaged with health-related content on YouTube, and 85% stated that this content influenced their health-related decisions.[4] YouTube videos provide understandable information about symptoms, treatment options, and preventive approaches, thereby positioning the platform as a potentially valuable tool for health education.[5] However, due to its open-access nature, YouTube hosts not only scientifically based videos prepared by health professionals but also user-generated content of questionable accuracy. While this diversity of content increases availability, it also poses serious challenges regarding the quality and reliability of information. The literature has demonstrated that low-quality information and misinformation on this platform can easily spread, leading to misunderstandings and inappropriate behaviors related to health.[6, 7]

During pregnancy—a physiologically and psychologically sensitive period—the search for health-related information intensifies, with the internet becoming an important reference source. Hormonal changes, modulation of the immune system, and alterations in nutritional habits increase the prevalence of gingival diseases, dental caries, and acute dental infections during pregnancy.[8] Radiographic imaging is often an unavoidable necessity in the diagnosis and treatment of such oral problems. However, radiation exposure during pregnancy raises significant concerns for both patients and healthcare professionals.[9] These concerns often lead to the postponement or complete refusal of necessary treatment interventions, potentially resulting in adverse maternal and fetal health outcomes. Unfounded anxiety about dental radiographs may delay the diagnosis of acute infections or untreated caries, increasing the risk of pain, systemic infection, and adverse obstetric complications such as preterm birth.[10, 11]

Scientific guidelines indicate that dental radiography performed with appropriate indications and necessary protective measures is safe during pregnancy. The American College of Obstetricians and Gynecologists has also reported that dental radiographs conducted with radiation protection methods such as lead aprons do not pose a significant risk to the fetus.[12, 13] However, these scientific findings are not sufficiently known among the public and sometimes contradict content found on open-access platforms like social media. Misleading or incomplete information may lead to treatment refusal, loss of trust in healthcare services, and increased unnecessary anxiety, particularly among pregnant individuals.[13, 14]

In this context, evaluating the quality and reliability of health-related content on widely accessed platforms such as YouTube is of great importance for ensuring the accuracy of individual health decisions and supporting general health literacy. In the literature, 2 widely used objective tools for assessing online videos—the Global Quality Scale (GQS) and DISCERN criteria—allow comprehensive analysis of health information materials in terms of completeness, transparency, scientific basis, and impartiality.[15, 16]

The aim of this study is to evaluate the content quality and reliability of videos addressing "dental radiography during pregnancy" on the YouTube platform, and to analyze whether these contents show significant differences according to the type of content creators (doctors, hospital channels, individual content creators). The videos were systematically reviewed using the GQS and DISCERN scoring systems.

MATERIALS AND METHODS

Ethical Considerations

This study evaluated only publicly accessible online YouTube videos and did not involve any personal data or human participants; therefore, ethical committee approval was not required. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

Study Design

This study is a cross-sectional and descriptive video analysis aimed at evaluating the content quality and reliability of YouTube videos on dental radiography during pregnancy. The review was conducted between July 5 and July 7, 2025.

Video Selection and Inclusion Criteria

All videos encountered during a search on the YouTube platform using keywords such as "dental X-ray during pregnancy" and "pregnancy dental radiography" (searched in Turkish-language settings) were included in the evaluation. All publicly available videos were analyzed regardless of duration or source. Duplicate videos, off-topic content, or videos with restricted access were excluded from the study.

Search Environment and Bias Minimization

To minimize personalization effects of the YouTube recommendation algorithm, all searches were performed in a logged-out browser window with browsing history and cookies cleared prior to each session. The searches were conducted on a desktop computer using a private/incognito mode, and the interface language was set to Turkish. No user account was signed in during the search process. These steps were taken to ensure that results were not influenced by previous viewing history, geographic login data, or personalized recommendations.

Evaluation Criteria

The videos were independently assessed by 2 researchers using the DISCERN and GQS instruments.

The DISCERN evaluation was performed based on 5 separate criteria, each scored from 0 (very poor) to 5 (excellent). Thus, the total DISCERN score for each video ranged from 0 to 25 (Table 1).

The GQS assessment is a single-item Likert scale scored from 1 to 5, reflecting the overall presentation quality and patient information level of the video (Table 2).

Videos were categorized into 3 groups based solely on their DISCERN scores in terms of content quality:

- Poor: 0-8 points
- Moderate: 9-16 points
- Good: 17-25 points

Video quality and reliability were assessed using the GQS and the DISCERN instrument. These 2 instruments were selected because they are widely used and have their validity well supported in the literature, providing a standardized and reproducible approach for evaluating the reliability and overall quality of health-related YouTube videos.[17]

All videos were independently evaluated by 2 researchers. Any discrepancies between the 2 evaluators' initial DISCERN or GQS scores were resolved through discussion until a consensus score was reached.

Viewing rate was calculated by dividing the total number of views by the number of days since the video was uploaded (views/day).

Statistical Analysis

The normal distribution of the data was confirmed using the Shapiro–Wilk test. To determine differences among the 3 groups classified according to DISCERN scores, one-way analysis of variance (one-way ANOVA) was performed. In cases where statistical significance was detected, post-hoc comparisons were conducted using the Tukey test. Data were recorded using Microsoft Excel 2021 and analyzed with IBM SPSS Statistics version 23.0 (IBM Corp., Armonk, NY, USA). A *P*-value of < .05 was considered statistically significant.

RESULTS

An analysis of the sources of the evaluated videos revealed that 47% were uploaded by individual physicians, 36% by health-related thematic YouTube channels, and 17% by official accounts of hospitals (Figure 1).

When the distribution of videos was assessed according to overall content quality, 59% were categorized as moderate quality, 23% as poor quality, and only 18% as good quality (Figure 1).

A statistically significant difference was identified in the analysis comparing videos based on their sources (doctor, channel, and hospital) in terms of likes and viewing rates. These differences are presented in Table 3.

Although the average video duration was longer in videos uploaded by doctors (4.40 ± 5.02 minutes) compared to those uploaded by thematic channels (3.53 ± 3.12 minutes) and hospitals (1.06 ± 1.10 minutes), this difference was not statistically significant ($P = .145$).

No significant difference was observed among the groups in terms of view counts ($P = .564$). However, regarding the number of likes, videos uploaded by doctors (99.80 ± 200.86) had significantly higher like counts compared to those uploaded by channels (16.07 ± 20.71) and hospitals (10.71 ± 10.35) ($P = .038$). Post-hoc analysis indicated that this difference was primarily in favor of the videos produced by doctors.

A statistically significant difference was also found among the groups in terms of view rate ($P = .026$). Videos from doctors and thematic channels had higher view rates (1717.44 ± 1247.60 and 1418.89 ± 1327.14, respectively), whereas hospital-sourced videos had significantly lower view rates (371.70 ± 625.65). This suggests that users tend to engage more with content from individual or professional channels.

No significant differences were observed between the groups regarding DISCERN or GQS scores ($P > .05$). The mean DISCERN scores were similar among doctor (15.00 ± 3.12), channel (15.67 ± 1.58), and hospital (14.29 ± 2.81) videos.

Table 1. DISCERN Assessment Criteria and Scoring Descriptions

No	Assessment Title	Description	Score Range
1	Is the information clear?	Does the video present the health topic in a clear, simple, and understandable manner? Can the viewer easily grasp the subject?	0-5
2	Are the sources cited?	Are the provided information supported by scientific references, official guidelines, or expert opinions?	0-5
3	Is the information current and scientific?	Is the information up-to-date and scientifically accurate? Is it consistent with national or international guidelines?	0-5
4	Are alternatives presented?	Does the content present diversity in treatments, approaches, or opinions? Is the information one-sided, or are possible alternative perspectives included?	0-5
5	Is it unbiased?	Is the video impartial and balanced? Does it contain any promotional or misleading statements favoring a product, institution, or method?	0-5

Table 2. Global Quality Scale Assessment Criteria and Scoring Descriptions

Score	Descriptions
1	Very poor content: Not informative, contains serious deficiencies; confusing and inadequate for patient education.
2	Poor content: Limited, incomplete, and poorly organized information; unclear delivery, minimal value for patient education.
3	Moderate content: Partially adequate information; understandable but lacks depth; presentation is limited, but basic facts are included.
4	Good content: Clear, comprehensible, and well-structured information; considerably useful for patient education.
5	Excellent content: Complete, accurate, and evidence-based information; professionally presented and highly effective for patient education.

Similarly, GQS scores did not show statistically significant differences between the groups ($P = .366$).

Statistically significant differences were observed among videos classified as "Poor," "Moderate," and "Good" in terms of content quality for certain parameters. These differences are presented in Table 4.

The number of likes differed significantly between groups ($P = .035$). According to post-hoc analysis, videos with moderate content quality (94.04 ± 187.10) had significantly higher like counts compared to poor (4.41 ± 3.62) and good (11.20 ± 14.90) content groups. This suggests that viewer engagement may be more related to popularity or channel reach rather than content quality.

A statistically significant difference was also found among groups regarding GQS values ($P = .001$). Videos in the Good group had the highest average GQS score (4.10 ± 0.316), which was significantly higher than those in the Moderate (3.26 ± 0.619) and Poor (3.00 ± 0.866) groups. This finding supports the parallelism between GQS scores and information quality.

No statistically significant differences were observed between groups in terms of video duration, view count, and view rate ($P = .096$, $P = .164$, and $P = .086$, respectively). However, it was noted that videos in the Moderate group tended to be longer and had higher view counts, although these differences were not statistically significant.

DISCUSSION

Video-based digital platforms such as YouTube have become important tools for accessing health information, especially serving as primary sources for sensitive groups like pregnant individuals. However, the accuracy, scientific basis, and adequacy of these contents for patient education remain subjects of ongoing debate. In this study, the content quality and reliability of YouTube videos addressing dental radiography during pregnancy were evaluated using the DISCERN and GQS scales. The findings revealed significant differences according to the content creators and quality classifications. Notably, videos uploaded by individual healthcare professionals demonstrated significantly higher numbers of likes and views, suggesting that these contents are perceived by users as more personal, accessible, and therefore more credible compared to institutional videos. Similarly, Yegül et al[17] reported that videos produced by individual physicians received greater views and engagement than institutional content. Furthermore, recent evidence indicates that individual social media influencers—perceived as more authentic and trustworthy than traditional celebrity or institutional

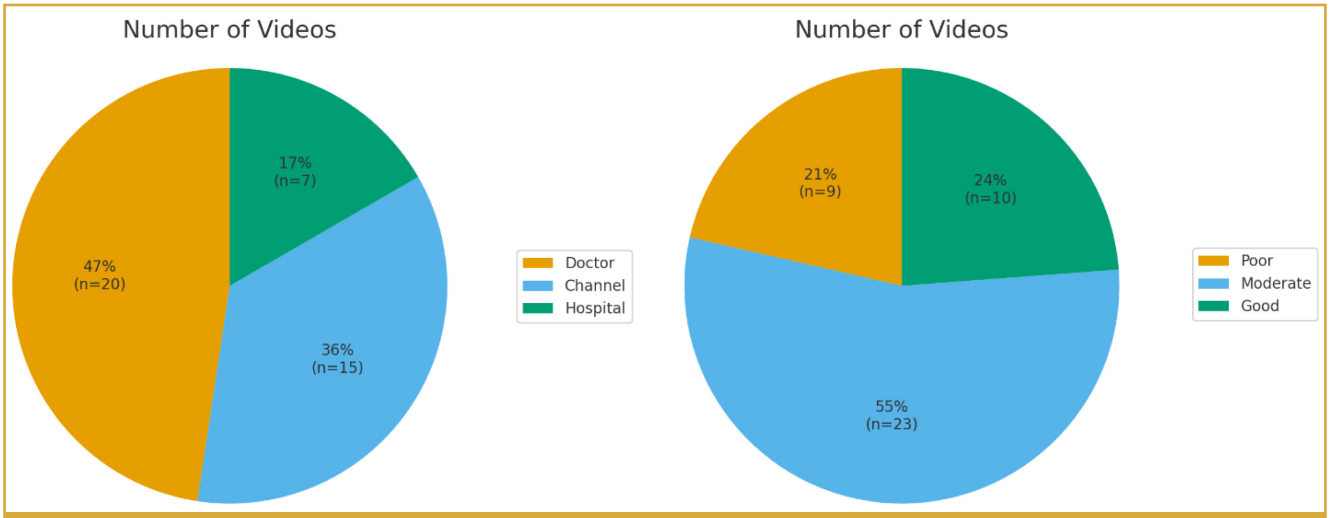

Figure 1. Left: Distribution of analyzed YouTube videos by content creator sources. Right: Distribution of video content quality based on DISCERN instrument scores.

Table 3. Comparative Statistical Analysis of Video Characteristics According to Content Creator Type

	Doctor (n = 20)		Channel (n = 15)		Hospital (n = 7)		
Parameters	**Mean ± SD**	**Min-Max**	**Mean ± SD**	**Min-Max**	**Mean ± SD**	**Min-Max**	***P****
Duration	4.40 ± 5.02	0.41-13.29	3.53 ± 3.12	0.31-8.04	1.06 ± 1.10	0.20-2.13	.145
Views	15 249.05 ± 38 474.19	44.00-171 000.00	8321.07 ± 9328.71	82.00-26 000.00	3341.57 ± 4457.29	16.00-11 000.00	.564
Likes	99.80 ± 200.86[a]	0-816.00	16.07 ± 20.71[b]	0-83.00	10.71 ± 10.35[b]	0-24.00	**.038**
Viewing rates	1717.44 ± 1247.60[a]	35.44-5937.50	1418.89 ± 2137.34[a]	62.41-7878.79	371.70 ± 625.65[b]	2.22-1703.70	**.026**
DISCERN	15.00 ± 3.12	8.00-22.00	15.67 ± 1.58	13.00-18.00	14.29 ± 2.81	10.00-17.00	.515
GQS	3.35 ± 0.813	2.00-5.00	3.60 ± 0.507	3.00-4.00	3.14 ± 0.90	2.00-4.00	.366

Different superscript letters within the same row indicate statistically significant differences. Bold values represent statistically significant results ($p < 0.05$).
GQS, Global Quality Scale; Max, maximum; Mean, average; Min, minimum; n, number of videos.
*One-way ANOVA was used.

Table 4. Statistical Comparison According to Video Content Quality Groups

Parameters	Poor (n = 9)		Moderate (n = 23)		Good (n = 10)		***P****
	Mean ± SD	**Min-Max**	**Mean ± SD**	**Min-Max**	**Mean ± SD**	**Min-Max**	
Duration	1.39 ± 1.33	0.31-3.28	3.46 ± 3.04	0.20-8.04	5.45 ± 6.37	0.22-13.29	.096
Views	1588.00 ± 3284.480	16.00-10 000.00	18 056.09 ± 35 322.89	176.00-171 000.00	2360.60 ± 3608.83	24.00-9900.00	.164
Likes	4.41 ± 3.62[a]	0-10.00	94.04 ± 187 106.00[b]	2.00-816.00	11.20 ± 14.90[a]	0-47.00	**.035**
Viewing rates	824.74 ± 802.55	2.22-2268.52	1772.63 ± 1848.79	24.44-7878.79	1004.11 ± 1382.89	20.00-4444.44	.086
GQS	3.00 ± 0.866[a]	2.00-4.00	3.26 ± 0.619[a]	2.00-4.00	4.10 ± 0.316[c]	4.00-5.00	**.001**

Different superscript letters within the same row indicate statistically significant differences. Bold values represent statistically significant results ($p < 0.05$).
GQS, Global Quality Scale; Max, maximum; Mean, average; Min, minimum; n, number of videos.
*One-way ANOVA was used.

accounts—can foster stronger audience trust and engagement, illustrating the growing appeal of micro-influencer marketing.[18]

Nevertheless, no significant difference was found in DISCERN scores based on the source of the content. This may indicate that, since all content creators were health professionals, the information presented adhered to a certain standard. The professional identity likely contributed to a more consistent reflection of content quality, particularly in topics like dental radiography where technical accuracy is critical. Ayrancı et al[19] reported that the majority of YouTube videos on genioplasty exhibited low content quality, with patient experiences predominating in videos produced by individual users and scientific shortcomings being common. Contrary to that study, all the content in this research was prepared by physicians, with no inclusion of individual user-generated content. Thus, the greater homogeneity in technical accuracy and terminology might explain the lack of statistically significant differences in DISCERN scores. Furthermore, systematic reviews in various health fields have demonstrated that information quality on YouTube videos is highly variable and often unregulated;[20, 21] however, the focus on physician-generated content may have limited this variability.

In the GQS assessments, a significant difference was observed between the content groups, with videos in the "Good" quality group exhibiting markedly higher average GQS scores compared to the other groups. In this study, the statistically significant association between GQS scores and content groups demonstrates the scale's effectiveness in evaluating presentation adequacy from the viewer's perspective. Similarly, Yegül et al[17] reported a positive correlation between GQS scores, content quality, and user engagement levels. Engin et al[22] also noted that the GQS is effective in predicting users' perceived informativeness in health-related YouTube videos and described it as a suitable tool for assessing overall content quality. Therefore, the significant differences observed in GQS scores among groups in this study further support the scale's sensitivity in user-centered quality assessments.

The finding that videos in the Moderate quality group had higher like counts compared to the Poor and Good groups suggests that viewer engagement may not be directly related to content quality. This observation aligns with findings by Korkmaz and Büyük, who reported that highly engaged videos do not necessarily provide high-quality information and that factors such as popularity and algorithmic influence may be more determinant.[23] Furthermore, Koh and Cui found that user engagement on YouTube videos was driven more by the attractiveness of titles and the visual appeal of thumbnails than by the informational quality of the videos.[24]

Although no direct correlation was found between video duration and quality scores in this study, previous research has shown that longer and more detailed videos tend to provide higher information quality.[22, 23] Yegül et al[17] found positive correlations between video length and both GQS and total content scores. Similarly, Engin et al[22] demonstrated that longer videos offer more information to users and are associated with significantly higher GQS scores. These findings align with these literature results: the mean duration of videos in the "Good" quality group was 5.45 ± 6.37 minutes, whereas it was 1.39 ± 1.33 minutes in the "Poor" quality group. This suggests that as video duration increases, the depth and scope of presented information may also increase, which is reflected in higher GQS scores.

Similarly, Aboalshamat et al[25] conducted a randomized controlled trial in Saudi Arabia and demonstrated that short-term social media–based interventions delivered via Snapchat and WhatsApp significantly improved pregnant women's oral health knowledge and that this improvement persisted for at least 1 month. This finding supports the idea that, in addition to video-sharing platforms like YouTube, various social media applications can effectively reduce misinformation and enhance public awareness regarding dental radiography during pregnancy.

Several limitations of this study should be considered. First, the analysis was limited to YouTube videos retrieved using specific keywords and presented in the Turkish language, which may exclude a broader global content pool. Second, videos were evaluated solely with the DISCERN and GQS scales; more detailed content analyses—such as verification of scientific accuracy or trimester-specific appropriateness—were not performed. Third, social media dynamics, including user comments, patterns of engagement, and recommendation algorithms, were not incorporated. In addition, the inherently dynamic nature of YouTube content is an important constraint: video availability, search rankings, and metrics such as views and likes fluctuate continuously, so the findings represent only the status of the platform at the time of data collection. Finally, the cross-sectional design precludes assessment of temporal changes or causal relationships.

Future research should include qualitative analyses focusing on trimester-specific information, the adequacy of terminology for patient education, and the compliance of video content with national and international guidelines. Efforts should also be made to ensure that evidence-based content produced by official institutions (e.g., ministries of health, dental faculties, professional associations) is widely accessible and to evaluate the effectiveness of such content at the user level. Moreover, upcoming studies could expand their scope by comparing multiple platforms (such as TikTok and Instagram Reels) and including multilingual content to provide a broader and more representative overview.

In conclusion, this study suggests that the quality of health information on digital platforms is heterogeneous and may

influence patient decision-making. Accordingly, it is imperative for healthcare professionals to produce evidence-based content, enhance their visibility on digital platforms, and guide users toward verified sources.

CONCLUSION

This study evaluated the content quality and reliability of YouTube videos addressing "dental radiography during pregnancy" and revealed the heterogeneous nature of health information available in digital environments, as well as numerous factors influencing user engagement. It was found that the majority of the content was of moderate quality, with only a limited number of videos offering high-quality information. The significant differences observed between quality groups in the GQS assessments indicate that the GQS is a sensitive and discriminative tool for evaluating presentation adequacy from the user's perspective.

Analysis based on the content creator source showed that videos prepared by individual healthcare professionals had higher numbers of likes and views, yet this did not translate into significant differences in content quality. The absence of differences in DISCERN scores according to source may be attributed to the fact that all videos featured healthcare professionals as speakers. This likely ensured that content was delivered with a certain level of professional accuracy, thereby enhancing technical consistency.

In conclusion, this study highlights that digital health communication should be evaluated not only in terms of accessibility but also regarding content quality, presentation style, and user trust. It is crucial for individual healthcare professionals to produce evidence-based content and increase their visibility on digital platforms to mitigate the impact of misleading information. Additionally, enhancing digital health literacy among users and structuring algorithms to prioritize quality-based content will contribute positively to public health awareness.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: Ethics committee approval was not required for this study because it involved only publicly available online content and no human subjects.

Informed Consent: Not applicable. This study involved only publicly accessible online videos and did not include human participants; therefore, informed consent was not required.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – E.S.; Design – E.S., F.O.; Supervision – E.S.; Resource – E.S., F.O.; Materials – E.S., F.O.; Data Collection and/or Processing – E.S., F.O.; Analysis and/or Interpretation – E.S., F.O.; Literature Search – E.S., F.O.; Writing – E.S.; Critical Reviews – E.S., F.O.; Final Approval – All authors.

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