

# OPP: DEMENTIA & TECHNOLOGY

## Dementia in social media: Content analysis of YouTube videos

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**Purpose** To evaluate the video features (title, upload date, length, number of views, number of likes, number of dislikes, number of comments) and video content features (sex of speakers, roles of speakers, authorship of video, format of video, types of dementia, mobilizing information, warning information, target population, information about dementia or Alzheimer's disease of video) of the 100 most watched dementia-related videos published on the YouTube social media platform. **Method** Analysis were conducted using the video content analysis method using a directed and summative approach to qualitative content analysis with typing the keyword "Dementia and Alzheimer's Disease" in October 2021. Findings of qualitative coding were reported with descriptive statistics. To determine the coding reliability, randomly selected 20% samples of the videos were viewed and coded independently by two coders. The calculated Cohen's Kappa reliability coefficients vary between 0.583 and 1. Associations between variables were examined using Chi-square and Fisher's exact tests. **Results and Discussion** Descriptive statistics, relationship between video characteristics and contents were analyzed. The highest statistics are 40% formal video (format), 44% person or people without open identity (authorship), 53% man (speaker sex), 45% health professional (speaker role), 77% public (target population), 74% Alzheimer's disease (type of dementia mentioned), 80% with mobilizing information, 71% without warning information, 75% with information about symptoms (the highest rate is problems with mood or personality changes). According to the video format a significant difference was observed between the video format and the number of likes  $X^2(5, N = 100) = 11,164, p = .048$ . Advertisement videos have significantly a smaller number of likes than animation, formal and informal videos. A significant difference was observed between the roles of the speakers in the videos, the number of likes ( $X^2(4, N = 100) = 30,968, p = .000$ ). and the number of comments  $X^2(4, N = 100) = 16,234, p = .003$ ). The number of likes and comments for the videos with the roles of speaker as health professional, non-health professional and unknown role are significantly higher than the videos with speakers whose role is herbalist. Significant differences were observed between the warning information status and video content variables. The number of views, the number of likes and dislikes of the videos including warning information are significantly higher than the videos that do not contain a warning information. Tests were conducted to determine if there were significant differences in the number of likes, dislikes, comments, and views between videos featuring caregiver experiences and those that did not. The results showed a significant difference in the number of comments. Videos with caregiver experiences (85,50) had significantly more comments than those without (46,35),  $U=32, p=0.002$ . To conclusion, YouTube video content analysis studies make various contributions to the reliability of video contents, the YouTube is a promising and valuable tool in terms of public health, YouTube contributes to the field of health education, and the number of video content analysis studies that need to be carried out in this field should be increased.

**Keywords:** YouTube, dementia, video content analysis, aging

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