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**THE ROLE OF THE INTERNET ON
ANTINOMY AND AUTONOMY:
MOTHERS MAKING HEALTH DECISIONS
FOR THEIR BABIES
REPRESENT A NEW PATIENT CULTURE**

Ph.D. DISSERTATION

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ABBREVIATIONS

BLW: Baby led weaning.

FHC: Family Healthcare Centres

HBM: Health Belief Model

HIS: Health information seeker.

HON: Health on the net.

GT: Grounded Theory

ICT: Information and Communication Technologies

MD: Medical Doctor

NCI: National Cancer Institute

NIH: National Institutes of Health

NOV: I am not obligated to vaccinate

OECD: Organisation for Economic Cooperation and Development

OHIS: Online health information seeker

SCM: Stages of Change Model

SGT: Straussian Grounded Theory

TSI: Turkish Statistical Institute

T&CM: Traditional and Complementary Medicine

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Le rôle d'Internet sur l'antinomie et l'autonomie : Les mères prenant des décisions de santé pour leurs bébés représentent une nouvelle culture des patients

RÉSUMÉ

Au sein de la civilisation accompagnée du marché mondial, les individus sont obligés de choisir ce qui est mieux et précis pour leur santé parmi une diversité de services et produits, et dans diverses conditions environnementales. Si ces choix sont faits pour un nourrisson, dont les parents sont entièrement responsables de la vie et des soins avec leurs préférences de santé, un processus beaucoup plus complexe et subtil émerge, tout en exigeant une attention accrue.

Cette étude explore le défi de la prise de décision des mères concernant leurs bébés de moins d'un an à travers des informations contradictoires sur la santé provenant de diverses sources. Une approche de théorie fondée a été adoptée, en utilisant la méthode de triangulation pour une exploration approfondie du sujet. Initialement, 5723 messages provenant de quatre groupes Facebook ont été examinés avec le mot-clé "médecin" pour dévoiler les expressions et les attentes des mères concernant les professionnels de la santé. Ensuite, pour permettre aux mères d'exprimer leurs émotions sur le moment, dix mères de nourrissons de moins de 6 mois ont été invitées à tenir un journal pendant une période de six mois. De plus, des entretiens approfondis ont été menés avec 10 autres mères afin d'obtenir une compréhension plus profonde de leurs expériences et perceptions. Les résultats ont été catégorisés pour suivre les processus de prise de décision des mères.

Les résultats de la recherche ont ensuite été examinés dans le contexte de l'évolution du paysage de la communication concernant les informations sur la santé, englobant la médicalisation de la santé, le comportement de recherche d'informations sur la santé et la fiabilité des informations en ligne. L'essence de l'étude a révélé un changement de paradigme dans les attitudes maternelles, dépeignant une nouvelle

culture patiente. La transformation de la relation patient-médecin est devenue évidente à mesure que les décideurs assumaient la responsabilité des choix liés à la santé. Du point de vue du décideur, le médecin consulté cesse d'être une autorité absolue mais émerge plutôt comme l'une des nombreuses sources d'information, similaire à diverses opinions disponibles sur Internet.

Cette culture émergente a été élucidée à travers le modèle My Eye, illustrant comment les individus cherchant des informations sur la santé façonnent, surveillent et décident grâce aux ressources en ligne. Ce processus souligne l'absence d'une vérité unique en matière de santé, mettant en lumière que les perceptions des informations sur la santé dépendent de facteurs culturels, politiques et individuels. Par conséquent, on peut conclure que l'information doit être transparente et accessible au public, et que les individus devraient également revendiquer leurs droits civiques et leurs libertés selon leurs parcours éducatifs, leurs habitudes de lecture curieuses et leurs efforts continus pour diffuser les connaissances acquises dans le domaine de la défense de la santé.

Mots-clés : Information sur la santé, prise de décision, expérience utilisateur, maternité, sécurité des patients, post-vérité

The Role of the Internet on Antinomy and Autonomy: Mothers Making Health Decisions for Their Babies Represent a New Patient Culture

ABSTRACT

Within the civilization accompanied by the global market, individuals are obligated to choose what is best and accurate for their health amid a diversity of services and products, and various environmental conditions. If these choices are made for an infant, where parents are entirely responsible for the child's life and care based on health preferences, a much more complex and intricate process emerges demanding heightened attention.

This study investigates the challenge of mothers' decision-making about their babies under one-year-old across contradictory health information gathered from various sources. A grounded theory approach was adopted, employing the triangulation method for comprehensive exploration of the subject. Initially, 5723 messages from four Facebook groups were examined with the "doctor" keyword to unveil mothers' expressions and expectations related to healthcare professionals. Subsequently, to enable mothers to express their emotions in the moment, ten mothers with infants under 6 months old kept diaries for a period of six months. The diary-keeping procedure was supplemented with interviews conducted before and after the diary-keeping process. Furthermore, in-depth interviews were conducted with another 10 mothers in order to gain a deeper understanding of their experiences and perceptions. The results were categorized to pursue mothers' decision-making processes. Finally, the research findings were discussed within the framework of topics such as the medicalization of health, health information-seeking behavior, user-friendly presentation, and reliability of online information. This analysis aimed to explore the communication landscape evolving around health information.

In essence, the research has revealed a paradigm shift that portrays a new perspective of health and patient culture, driven by the efforts of mothers seeking health information online. The transformation of the patient-doctor relationship became evident as decision-makers assumed responsibility for health-related choices. From the perspective of the decision-maker, the consulted doctor ceased to be an absolute authority but rather emerged as just one among many sources of information, akin to various opinions available on the internet.

This emerging culture is visualized through the My Eye Model to illustrate how individuals seeking health information shape, monitor, and make decisions through the Internet. This process underscores the absence of a singular truth in health, highlighting that perceptions of health information are contingent upon cultural, political, and individual factors. Therefore, it can be concluded that information ought to be transparent and accessible to the public, and also individuals should assert their civil rights and freedoms through their educational pursuits, inquisitive reading habits, and ongoing efforts to disseminate acquired knowledge in the realm of health advocacy. Indeed, a healthy environment and society contribute to the well-being of individuals, and a healthy individual, in turn, contributes to the health of the environment and society.

Keywords: Health information, decision-making, user experience, motherhood, patient safety, post-truth

İnternetin Çelişki ve Otonomi Üzerindeki Rolü: Bebekleri İçin Sağlık Kararları Alan Anneler Yeni Bir Hasta Kültürünü Temsil Ediyor

ÖZET

Global pazarın eşlik ettiği medeniyet içinde bin bir çeşit hizmet ve ürün ve çevre koşulları arasından bireyler sağlıkları için en iyi ve doğru olanı seçmekle yükümlü tutulmaktadır. Bu seçimler, yaşamı ve bakımı, sağlık tercihlerinden tamamen ebeveynlerin sorumlu olduğu bir bebek için yapılyorsa çok daha karmaşık ve özen isteyen bir süreç karşımıza olarak çıkmaktadır.

Bu çalışmada, annelerin bir yaştan altındaki bebekleri için çeşitli kaynaklardan topladıkları çelişkili sağlık bilgileri sonucunda karar verme sürecindeki zorluklar araştırılmıştır. Çalışmada, konunun daha kapsamlı bir biçimde incelenebilmesi için Gömülü teori yaklaşımı benimsenmiş, üçleme yöntemi kullanılarak konu farklı açılardan temellendirilmiştir. İlk olarak, dört Facebook grubundan toplam 5723 mesaj, sağlık profesyonelleri ile ilgili annelerin ifadelerini ve beklentilerini ortaya çıkarmak amacıyla "doktor" anahtar kelimesiyle incelenmiştir. Daha sonra, annelerin ânın içindeki duygularını ifade edebilmelerine olanak sağlamak için, bebekleri 6 aylıktan küçük olan olan 10 anne, 6 ay boyunca günlük tutmuştur. Günlük tutma prosedürü, öncesi ve sonrası yapılan mülakatlarla desteklenmiştir. Ayrıca, başka 10 anne ile derinlemesine mülakatlar gerçekleştirilerek deneyimlerini ve algılarını daha iyi anlamak amaçlanmıştır. Elde edilen sonuçlar, annelerin karar verme süreçlerinin izini sürmek üzere kategorize edilmiştir. Araştırma bulguları daha sonra sağlığın tıbbileşmesi, sağlık bilgisi arama davranışı, çevrimiçi bilgilerin kullanıcı dostu sunumu ve güvenilirliği gibi konular çerçevesinde tartışılarak, sağlık bilgisi etrafında gelişen iletişim ortamı bağlamında incelenmiştir.

Araştırma özünde, çevrimiçi sağlık bilgisi arayan annelerin çabalarından yola çıkarak yeni bir sağlık bakış açısını ve hasta kültürünü tasvir eden bir paradigma değişimini ortaya çıkarmıştır. Zira, karar vericilerin sağlıkla ilgili seçimlerin sorumluluğunu üstlenmesiyle yaşanan hasta-doktor ilişkisindeki ve beklentilerindeki dönüşüm belirginleşmiştir. Karar verici bakış açısından, danışılan doktor mutlak bir otorite olmaktan ziyade, internet üzerindeki çeşitli görüşlerden yararlanıldığı şekilde başvurulmuş bir bilgi kaynağı olarak ortaya çıkmıştır.

Bu ortaya çıkan kültür, sağlık bilgisi arayan bireylerin çevrimiçi kaynaklar aracılığıyla nasıl bilgiyi nasıl şekillendirdiğini, izlediğini ve karar verdiğini gösterebilmek için My Eye Modeli aracılığıyla görselleştirilmiştir. Tüm bu süreç, sağlıkta tek bir gerçeğin bulunmadığının altını çizmekte ve sağlık bilgisi algılarının kültürel, politik ve bireysel faktörlere bağlı olduğunu vurgulamaktadır. Öyleyse şu sonuca varabiliriz ki, sağlık bilgisi kamuya açık, şeffaf ve erişilebilir bir şekilde sunulmalıdır. Ayrıca bireyler de eleştirel okuma ve araştırma alışkanlıkları ve elde edilen bilgileri yayma yolundaki çabalarıyla medeni hak ve özgürlükleri için sağlık savunuculuğu mücadelesine etmeye devam etmelidir. Nitekim sağlıklı çevre ve toplum bireye, sağlıklı birey de sağlıklı çevre ve topluma sağlık olarak geri dönmektedir.

Anahtar kelimeler: Sağlık bilgisi, karar verme, kullanıcı deneyimi, anne olma, hasta güvenliği, post-gerçeklik

INTRODUCTION

It is difficult to mingle with health in our daily lives, as we are surrounded by medicine, pharmaceuticals, well-being messages, and socio-cultural circumstances. There is a bombardment of information from professionals to traditional voices. It is not unusual for even scientific articles to claim different methods as beneficial to one's health (Cassetty, 2019; Küçükusta, 2022). While chemical additives, preservatives, hormones, pesticides, and GMOs are considered unhealthy, they are legal in food, cosmetics, and medicine (Bove & Dufour, 2001; Doğan, 2014). Day by day, the quality of green spaces we need for healthy living diminish (EEA, 2023). One part of us enjoys the ease of industrial production and consumption, while another longs for a break from nature and its consequences. In the end, it is always the individual who is required to read small-print ingredients, research better products, and choose healthier alternatives. In this sense, the Internet provides significant opportunities for people to exchange information and experiences.

Health decisions become more challenging when parents have a baby who needs 24-hour care physically and mentally. Parents are responsible for making decisions about their children, but the consequences are evident on a vital, legal, and social level. Mothers typically take on the task of caring for their baby, especially in the infant's first year (AÇEV, 2017; Minkin & Horowitz, 2023). They often turn to the internet to gain knowledge, share their difficulties, and provide information about their experiences to others. It is at this point that the exchange of information and decision-making processes extend beyond expectations of motherhood, expectations from doctors, the content of health information, health rights, and health policies, but also contribute towards shaping a new patient culture.

As there are approximately 2 billion mothers in the world and 140 million new mothers annually (SoundVision, 2023), it is predicted that soon 80 percent of new

mothers will be Millennials or Gen Zers and will depend heavily on the internet for advice at every step of the motherhood process (Weber Shandwick, 2013; Spitznagel, 2020). As a plus to having the highest education levels in the workforce (Carter, 2022), being a good mom is their top priority (Livingstone, 2018). While there are long lists in which being a good mother is associated with the well-being of the baby (Lead Academy, 2023; Tunç, 2019), the importance of obtaining health information for baby care and making decisions accordingly in this process cannot be overemphasized. Nevertheless, as it is said in a popular African proverb "It takes a village to raise a kid" and in our era, this village is surrounded and transformed by two features: globalism and informationalism (Reupert, Straussner, Weimand, & Maybery, 2022).

In the global area, Turkey is a good example as it is a huge market with an identity structure that combines Eastern and Western cultures, a young population, and an advanced health system. As a social state, Turkey makes significant investments that ensure health is accessible and free for everyone. Consequently, 98.8% of the population is eligible for core health service (Bora Başara, et al., 2021; OECD, 2021). Assuming a 10 times per person average, Turkish people were diagnosed 813 million times in 2019 (TUIK, 2020). Turkey is in the top 5 among OECD countries using diabetes drugs, antibiotics, and stomach drugs. It is number one in scan technologies such as MR and CT, and second in caesarean section births. (Bora Başara, et al., 2021). Approximately 2.4 billion medicine boxes were sold on the Turkish pharmaceutical market in 2019 (Turkish Ministry of Industry and Technology, 2020).

Turkey also provides a good example of examining the perspective of informationalism. According to the We Are Social report (2022), the population of Turkey in 2022 reached approximately 85.30 million. Among this population, 91.4% possess cellular mobile phone connections, and 82% have access to the Internet. Moreover, 80.4% of individuals in Turkey are considered active social media users, spending an estimated 8 hours per day on the Internet. Notably, 95.5% of them access the Internet via their mobile phones. The primary motivations for utilizing the Internet include finding information (80.7%), following news and current events, seeking new ideas and inspirations, and conducting health-related research (44.2%). In terms of website preferences, Google, YouTube, and Facebook are the most frequently visited platforms in that order. These statistics from Turkey demonstrate parallelism with

global trends, where 83% of the global population owns a smartphone, and 77% of smartphone users between the ages of 18 and 29 utilize mobile health applications for tracking their well-being (Muradoğlu, 2023).

Although these are often presented as economic growth within a global sectorial perspective, the social and ecological models of health approaches assign a different meaning to these facts and figures considering social determinants of health (WHO, 2010; Braveman & Gottlieb, 2014). These models highlight the impact of factors such as exposure to medicalization -which means analysing natural elements of life like a symptom and/or over-treatments-, unequal economic conditions, poor nutrition, pollution, and fight an uphill battle for a healthy environment (Illich, 2003; Welch, Schwartz, & Woloshin, 2011; Panitch & Leys, 2014). Being healthy, from this health approach, is defined as not only the absence of disease or infirmity but also a state of complete physical, mental, and social well-being (WHO, 2010). However, once health is treated as a commodity, health, and health systems are changeable according to person to person, full of uncertainty, complexity, and also manipulated by rent (Deppe, 2009).

Again, informationalism is not about just providing so much information via new communication technologies. Because, health information credibility and reliability are critical issues in health information seeking with the rise of infodemic (Choi & Ahn, 2021) which means a great amount of information claiming different things spreads rapidly (Rothkopf, 2003). In light of this, while there are numerous discussions surrounding internet censorship, the question of who will decide which information is true, whose disease belongs to whom, advertisement and promotion in health issues, and so on, it is also important to ensure that people have access to reliable and accessible information so that they can make informed decisions regarding what is best for them and their families.

Almost all declarations on human health rights focus on informing individuals for participating decision-making process for self-determination¹(Görkey, 2003; Sütlaş, 2007; Çınarlı, 2008). There is also a worldwide endeavour for overcoming

¹ For instance, the Declaration of Alma-Ata (1978), The Ottawa Charter (1986), Declaration on the Promotion of Patients' Rights in Europe (1994), Patient Rights Regulations (1998), WMA Declaration of Lisbon on the Rights of the Patient (2015).

social determinants of health inequalities officially (WHO, 2010). In this regard, according to Johnson and Case (2012), the explosive growth of health information communication technologies, whereby individuals are empowered to find answers to their problems, is seen as a source of high hope. Correspondingly, health information seeking and gathering have changed dramatically. Within this context, a social network milieu where people share their experiences might be an excellent opportunity. Subgroups are formed around diseases and experiences. It is possible to collaborate within social networks among patients or their relatives, as well as individuals who want to remain healthy. The diagnosis, treatment, symptoms, and so forth of one's own condition can be compared to those of others to help choosing a more personalized path toward a better outcome (2012, p. 81). Therefore, although it is known there are so much misdirection and wrong information, people tend to ask Dr. Google first and a real doctor second about any health information (Gualtieri, 2009).

Information seeking on the Internet differs from other communication platforms due to providing interactivity and supporting multimedia for users as a plus. The Internet and digital media technologies have turned news consumption into an increasingly more selective and social communication behaviour (Napoli, 2011; Kim, 2015). According to a meta-analyse paper, health information seeking is taken into account as a purposeful and goal-oriented activity and it is associated with discussion or research results with physicians, patient satisfaction, knowledge of treatment options, treatment decisions for self or others, self-diagnosis and non-adherence (Anker, Reinhart, & Freeley, 2011). Active information seekers, especially those who act on the information they gather, tend to confront problems, engage in preventive behaviours, and seeking out prompt treatment (Johnson & Case, **Health information seeking**, 2012). Shared decision-making - among patients, with other individuals or with doctors- changed paternalistic doctor-patient relation (Anker, Reinhart, & Freeley, 2011; Yilmaz, 2013). Especially, the old paradigm of "because the doctor said so" is being challenged by individuals who are seeking information about their health options, wishing to take greater control of their health decisions, and seeking information in this regard (OECD, 2018).

A number of government agencies, professionals, and non-profit organizations want to support people's autonomy and find reliable information and/or reach wider audiences for *true* health information, disseminate their health-related messages on the Internet through websites and social media accounts, such as www.health.nih.gov, www.patientslikeme.com, www.cancer.gov, and <https://sante.fr>. This allows people to find information about their illnesses, medical jargon, healthy lifestyle formulas, and opportunities to communicate with doctors. Additionally, there are many links from bloggers to Facebook pages of people who have shaken an illness, which allow people to share their experiences and knowledge. Bringing all the approaches together, through the use of the Internet, there is a new form of patient culture, patient-doctor relationship, and solidarity related to health issues.

What we observe here is a transformation in the traditions of health decision-making, and this change impacts not only society but also all aspects of the healthcare industry. This is rooted in the traditional patient-doctor relationship, where the patient initially accepts an asymmetric relationship, believing that they do not possess the knowledge to understand their own body and its ailments, while the doctor is assumed to possess such knowledge (Foucault, 1963; Grunig & Hunt, 1984; Lyotard, 2013). Hospitals, healthcare professionals, and, in the background, the fields of science and pharmaceuticals, are organized around convincing individuals that they know their own bodies better than they do. Consequently, when one becomes a patient, they entrust themselves to the expertise of the doctor. As Foucault (1963) asserts, this results in a loss of the power to know one's own body, as medical institutions take control, thereby the doctor-patient relationship can never be equal and fair anymore.

However, there are proponents of an approach that views the healthcare system holistically, considering factors such as environmental conditions, individuals, doctors, hospitals, and the pharmaceutical industry as interconnected. They argue about informed consent and assume that individuals should be autonomous in making their own health decisions (Sedic, 2016; Bernstein, 2018; Kilbride & Joffe, 2018). This perspective differs from the traditional view of doctors making decisions on behalf of patients. The internet plays a crucial role in this regard, as it makes various perspectives on approaching illnesses accessible at any time, including personal experiences and scientific articles. This has transformed the quest for comprehensive

health information into a collective movement, extending beyond the choice between being a patient or a doctor and influencing the culture of patients, interpersonal communication, doctor-patient relationships, and approaches to healthcare institutions. This is a *paradigm shift*, to the denotation of Kuhn (2012); thus, all elements of society are affected by the change even for better or worse, and reshaping the landscape of health-related matters in ways previously unimagined.

In light of this shift, individuals continue to find empowerment in managing their health decisions autonomously, even when dealing with temporary or chronic diseases, no longer being referred to or treated solely as patients (Kiernan & Karlawish, 2019). Hence, there is a growing need to explore new approaches, methods, and communication styles that guide people toward healthier choices, despite the prevalence of tempting but unhealthy alternatives. To address this, there arises need for a comprehensive understanding and definition of how individuals, within their existing circumstances, seek solutions, identifying their pain points, frustrations, the goals they are striving for, and what brings them contentment and satisfaction. How do they make decisions at the end?

The reports on healthcare in Turkey provide a wide array of statistics and figures about investments in health, potential gains, digital innovations, hospitals, healthcare professionals, diseases, and their demographic distribution such as OECD, 2021; Bora Başara et al., 2021; Ernst & Young Global Limited, 2023. On the other hand, numbers can tell us about trends, but they cannot tell us why and how they occur or how they can be improved.

Inspired by the true story in the film *Lorenzo's Oil*², the focus of this dissertation is on the health-related decision-making struggle faced by mothers when they are empowered to care for their babies. Because, as they strive to do the best for their

² “Lorenzo’s Oil” is a film based on a true story (Miller, 1992). Although Lorenzo is a healthy child until the age of five, he begins to experience blackouts, memory lapses, and other strange mental phenomena. Doctors barely find out the problem, which is ADL, and they state that he will eventually pass away. Nevertheless, his parents devote much of their time and effort to searching for ways in which they can support him. In frustration over the failure of doctors and medicine in this area, his parents begin to educate themselves in order to discover something that could halt the progression of the disease (Chapman, 2023). Finally, they succeeded.

babies, they search the internet for health-related information; they question doctor advice, seek a second opinion, and share what they have learned, although each baby born in Turkey becomes to have a full coverage of the health care system (Job and Social Security, 2018).



CHAPTER 1: THEORETICAL FRAMEWORK

We are living in an era where the understanding prevails that every decision made on behalf of infants and every action taken directly impacts the health of the baby and, consequently, their future life. Some mothers, driven by the pressure to find the best for their babies' health, do not consider solely relying on doctor recommendations, advice from family elders, or input from friends to be sufficient. Consequently, they actively turn to the internet to engage in an intense quest for information and sharing. The struggles of mothers in deciding on behalf of their infants serve as a prominent example of the act of making health decisions for another individual. This behaviour involves an exploration of the quality and reliability of information available online and raises pertinent issues within the realm of seeking health information.

In this thesis, decision-making includes research, purchases, thoughts, choices and behaviours that mothers think will be good for their babies' health. There are plenty of variables affect people's decision making. Therefore, in order to examine the issue from as broad an angle as possible, the theoretical framework of this thesis is examined under three primary headings. Part 1 explores the background and processes of health decision-making. Part 2 delves into the quality of online health information from the user experience perspective. The final section addresses the need for online health information for the well-being of children, featuring relevant statistics and discussions.

PART 1: HEALTH DECISION-MAKING THEORIES, TYPES AND PROCESSES

The relationship we establish with our bodies has had a variable structure throughout the history of medicine. In this chapter, we will discuss this relation from the “health decisions” concept.

To begin with, we will look at the meaning of health in the dictionary, and next we will trace its path from cultural constructions to people's lives. Second, we will emphasize on health communication theories to understand how these theories interpret peoples' health decisions. Finally, we will focus on mothers decision-making environment as an example of a game changer for a new patient culture.

1. Definition of Health and Framing Decisions

What is health? I would define as an ordinary person “waking up happily is the health” It means to me, beginning a new day without worries and suffer, instead with hope and enthusiasm joining the day actively. This personal approach to health that refers to their self-perceived health status is named individual's subjective health (Monden, 2014). On the other hand, when we go for a conceptual definition for health as researchers, what we see is health has roots from living organisms to the created world that we live in, multi-dimensional, multiply interpenetrating network. This broad inclusiveness allows to define health from their perspective; terminology, rules, and method whoever needs the concept.

Etymologically, the word health in Turkish, “sağlık”, is derived from the expressions of well-being and dignity, and it means to be alive in such a life (etimolojiturkce, 2022). In Brüssow's research on “What is Health?” (2013), we see that it was transferred to old English from the German word “hal” meaning "whole"; It signifies holiness and indicates a blessed state of well-being. Disease, on the other hand, means "a disorder affecting an organism's structure or function, resulting in specific symptoms without being caused by physical injury"; this term comes from the Old is French word *desaise* (lack of ease). Wellness is the state of being healthy, especially when you actively strive to achieve it, oppositely, illness a condition of body or mind harmed due to an organ or part is unable to work as it does usually, a disease or sickness (Cambridge Dictionary, 2022). Sickness is a condition, feeling of being ill; disease.

Modern medicine from a western perspective begins with Hippocrates (460BC-370BC). Because He was the first person in history to establish a medical school in Cos. In this narrative, people were attributed to supernatural events such as divine

punishments and evil spirits haunting them, but ceremonies such as magic rituals were used as a remedy in the early ages (Çınarlı, 2004). Through systematic observation, Hippocrates discovered for the first time that environmental conditions and deterioration in the body caused disease, and again tied treatment methods to systematic principles. In this sense, the things that make the disease were caused by the notion of unbalanced 4 bodily fluids—blood, phlegm, yellow bile, and black bile. (Klibanski, 1979; Karbay, 2015). In this doctrine, these four fluids related to four seasons determines the humour of human being and his behaviours. These four fluid's temperamental characteristics were as below (Karbay, 2015, p. 15; Lagay, 2002):

Blood; Spring, warmness and wetness

Yellow bile; Summer, warmness and dryness

Black bile; Autumn, coldness and dryness

Phlegm; Winter, coldness and wetness.

For instance, Phlegm increases during winter because it was cold and wet, causing bronchitis and pneumonia, or in spring because it was warm and wet and causing dysentery and nosebleeds. Thus, a physician's treatment consisted of restoring equilibrium via diet or removing the offending, out-of-balance humour by evacuating it, depending on the severity of the ailment (Lagay, 2002).

In the West, physicians believed that 4 bodily fluids: blood, phlegm, yellow bile, and black bile caused illness for more than 2000 years until the rise of controlled empirical science in the mid-19th century. (Lagay, 2002); this was the health definition for them, and the decision-making processes were taken into account according to these determinations.

Modern medicine is endured on many developments and discoveries in history. 17. century invention of microscope and discovery of bacteria; 1870s, the access to clean water sources, the improvement of living conditions in houses, and preventive approaches such as germ-free food, the life expectancy increased from 35s to 80s following the construction of sewers, 1941, intervention of the penicillin and 1947, broad spectrum antibiotics; sophisticated test are from 20th century developments... During this period, biotechnology and pharmaceutical industries have grown

dramatically. For the first time in the 20th century, it was possible to cure deadly diseases, relieve pain, improve the quality of life (Applbaum, 2009).

The development of medical advancements should be examined in conjunction with transformations occurring in the broader societal context. In the 19th century, several factors contributed to Western societies' rationality (Turner, 2007; Kaczmarek, 2019). Firstly, there was a general secularization process, whereby religious symbols and beliefs gradually lost their influence on the public sphere. Activities previously performed within sacred spaces were governed by non-religious institutions and practices. Secondly, everyday life was intellectualized, as scientific procedures and beliefs became the foundation for action and decision-making. Thirdly, rationalization processes led to an increased emphasis on individual discipline and the establishment of regulatory systems by nation-state bureaucratic entities. At this juncture, health became instrumental in social improvement. Health decisions were largely determined by health authorities, and doctors served as mediators in disseminating medical knowledge. In the 1970s, with the expectation and ownership of the medical profession, public-supported private institutions in Europe began to work together and physicians were paid according to the amount of service they provided. (Applbaum, 2009). During this period, doctors gained a significant reputation due to their perceived healing power, and they established hospitals bearing their own names (Soyer, 2015).

Foucault (2003), in his writings of *The Birth of the Clinique*, considers the institutionalization of medicine as a system in which the state reinforces its own legitimacy. Although, modern medicine is described as a positivist science, medicine is a matter of assemblages such as the combinations of spaces, persons, techniques within which medicine has been deployed, are not only in the hospital, the clinic, the dispensary, the consulting room but also the town, the factory, the army, the home, the schoolroom, the insurance system, the community (Rose, 1994). Foucault named them as *dispositifs* to explain medical organisations that are not directly medical intervention but organisations that enables medical activities. Foucault argued that changes in medicine were only one aspect of a wider cognitive revolution; medicine fabricated diseases, but it also fabricated bodies, and these techniques were employed in schools, prisons, workshops, barracks, and hospitals (Armstrong, 1994, s. 20).

For this study, this perspective is key to understanding how making health decisions now covers every aspect of life, not just disease. It has been caused by the expansion of medical categories into everyday life (Illich, 2003) and health has become an **increasingly commodity**, so consumers are a factor in the medicalization of society (Turner, 2007). In Zola's view, this approach covers (Zola, 1982, p. 49; Antonio, 2012):

“From sex to food, from aspirins to clothes, from driving your car to riding the surf, it seems that under certain conditions or in combination with certain other substances or activities or if done too much or too little, virtually anything can lead to medical problems”

From individuals' side, their body becomes being into a field of competing discourses and interests; colonized by medicine, cosmetics and lifestyle economies and strategies (İnceoğlu, Özçetin, Gökmen Tol, & Alkurt, 2014).

The concept of disease and health has taken on a whole new meaning in the 21st century. High health technologies rely on mobile applications, sensitive screening and measurement devices, robotic interventions, and computer-based examinations and decision-making mechanisms. Since the 1980s, health has become a commodity similar to everything else, and people have evolved to the point where they not only expect more from health technologies but also take responsibility for their own health. It includes tasks such as reading unknown labels, tracking additives and preservatives in foods and cosmetics, learning healthy cooking methods, and reducing unnecessary medications. However, people learn about what may harm them either by reading labels that state that the product does not contain certain substances or by following real-life experiences or electronic sources online (Karbay, 2016), such as paraben free, BPA free, no artificial colours, preservatives or additives, and so on.

These processes have played a significant role in shaping health policies, doctor-patient communication, as well as individuals' perceptions and decisions regarding health. There is no doubt that medical technologies and healthcare professionals play a crucial role in human life. Nonetheless, we are looking at health debates from the perspective of the social sciences, taking into account the discipline of society, the power of the global market, and the power of health information. Here is a brief summary of these discussions:

Policy making and social discipline: In this area, institutions make decisions regarding what constitutes healthy and unhealthy living conditions, patient rights, environmental regulations, product content decisions, determining hygiene conditions, the scope of health insurance, as well as procedures related to preventive health measures.

The power of information: Determining the standards for health information, managing information that falls outside these standards, censoring, taboo status, restricting access to information, and using medical jargon are all aspects of this power.

Global market and medical capital: Medical capital refers to the management of pharmaceutical companies, healthcare professionals, hospitals, technology, and related activities. Under this heading, we may discuss topics such as persuading physicians and patients to use a particular treatment method, health tourism, treating individuals as customers, and offering them new opportunities.

Conrad classifies these categories based on the agents that serve to this system which is different from our classification based on power relations mentioned above. According Conrad (2009) there are three *medical engines* that are forcing factors of medicalisation, integrated to each other as explained below; these are consumers, technology, managed care (Antonio, 2012):

Consumers: As health has become to be perceived as commodity, individuals in medicalized society are consumers. These health consumers use medical terminology in order to analyse their own health, follow medical advertisements to learn what they need to be healthy, ask for the representations of idealized beauty and the parallel treatments of cosmetic surgery.

Technology: Technology is a driving factor of medicalization with scanning technologies, diagnosis tools, and giving opportunity to standardizing and spreading all these information.

Managed care: How to manage care is also a force for medicalisation offering prescriptions for Daily tackles after defining them as symptoms of some diseases. Moreover, instead of solving the real problem, it is described as a condition caused by a chemical imbalance legitimates a treatment based on pills.

In this case, the customer is not directly sold drugs, but rather their perceptions are altered in order to gain a better understanding of their own situation.

We can understand the relationship between individual and political decisions in a medicalized society based on Conrad's classification of medical engines. Every one of these factors interacts with one another to form perceptions about individuals' health approaches and affects decisions from the individual to the society at large.

1.1. How public policies shaped within this health environment

Patient Safety is supposed to be the most important issue that is taught at the very beginning lore of medical schools: “*Primum non nocere!*¹”.

In 1948, the Declaration of Human Rights first defined healthcare as a right. It was not until the Alma Ata Declaration of 1978 that health was formally recognized as a fundamental human right, emphasizing the necessity for the participation of both individuals and healthcare providers in decisions (Çınarlı, 2004).

By 1980, health had evolved to encompass not only the absence of illness but also the attainment of complete physical and mental well-being. Beyond individual health responsibilities, this definition now included broader societal, social, and mental processes as integral to the journey towards overall health. It was collectively acknowledged that societal health could only be enhanced when inequalities related to social determinants affecting health were addressed and eliminated together with these developments.

After that, the concept of social determinants of health became pivotal, as it was recognized that they could exert both positive and negative influences on health equity, as exemplified by the following list (WHO, 2022):

- *Income and social protection*
- *Education*
- *Unemployment and job insecurity*
- *Working life conditions*

¹ First, do not harm.

- *Food insecurity*
- *Housing, basic amenities and the environment*
- *Early childhood development*
- *Social inclusion and non-discrimination*
- *Structural conflict*
- *Access to affordable health services of decent quality.*

There is a Worldwide endeavour to overcome these inequalities. As a part of this struggle, each baby born in Turkey becomes to have a full coverage of the health care system (Job and Social Security, 2018). There are national and international NGOs give a great importance to bring people around these discussions and also online groups on the Internet that help each other in a formal and informal manner.

As Beck also pointed out (1992), risks extend beyond environmental and health concerns and should be assessed within the broader societal context. In the ongoing global struggle for public health, it is crucial to recognize that the perception of risk on a global scale should not overlook the fact that health disturbances anywhere in the world can impact everyone. In this regard, COVID-19 serves as the most current example of our era.

1.2. How this health environment affected doctor-patient relationship

Struggling with health decision-making shapes the relations around health issues too. According to research, people seek to their questions first on the Internet, through Dr. Google, and then, to a real doctor second (Gualtieri, 2009). Based on those changement, doctor-patient relationship changed from a paternalistic approach to shared decision making (Anker, Reinhart, & Freeley, 2011; Yılmaz E. , 2013). We can see the different approaches of doctor-patient relationship in the *Figure 1.1*. Four models of the physician-patient relationship, definitions from Emanuel and Emanuel (Emanuel & Emanuel, 1992; Reach, 2014). Reach (2014) summarises doctor-patient relationship models as below:

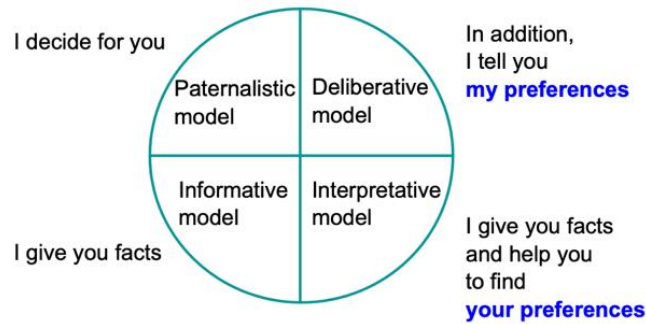


Figure 1.1. Four models of the physician–patient relationship, definitions from Emanuel and Emanuel

Source: Reach, 2014, Patient autonomy in chronic care: Solving a paradox

The paternalistic model is the traditional one; the physician decides what the most appropriate treatment is, providing selective information to the patient to gain consent. Under the informative model, the physician is responsible for providing the patient with all of the relevant information concerning the diagnosis and the various therapeutic options, without hiding the possible uncertainties from the patient. The interpretative model of therapy aims not only to convey information to the patient, but also to facilitate her elucidation of her preferences, which may not be explicitly stated, and then to assist her in acting in accordance with those preferences by explaining the most appropriate therapeutic option in light of those preferences revealed during the therapeutic interaction. Finally, in the deliberative model, the patient is empowered not simply to follow unexamined preferences or examined values, but to consider through dialogue alternative health related values; in other words, to deliberate on the differences between her own and her physician’s preferences (Reach, 2014).

These models fall short on explanation of an autonomous individuals who follow their body signals through mobile health applications, knows best diets for themselves from different brands and cookers, reads scientific information up-to-date to see different approaches about a treatment as well as alternatives and real-life experiences from social groups, seeks for more and more information on the Internet. Malikhao thinks that we become to be parts of a digital network, as we are in the process of mass self-communication in Castell’s terms (Castells, 2013; Malikhao, 2020). Thus, the communication of health can be no longer processed in a top-down fashion that commands the public, and they listen and act (Malikhao, 2020).

Based on this understanding, getting the consent of the patient has become an important element in doctor-patient communication. According to General Medical Council there are 7 principles of decision making and consent (GMC, 2020):

- 1) It is the right of every patient to be involved in decisions regarding their treatment and care and to be supported to make informed decisions if they are able to do so.
- 2) A patient's decision is made through meaningful dialogue, which involves the exchange of relevant information specific to that patient.
- 3) Each patient has the right to be listened to and given the information and support he or she needs to make a decision.
- 4) The doctor should seek out what patients' value so that they can inform them of benefits, harms, reasonable alternatives, and whether to take no action at all.
- 5) Doctors must assume that all adult patients have the capacity to make decisions about their treatment and care. Only after legal assessment can a patient be determined to lack the capacity to make a specific decision at a specific time.
- 6) Choosing treatment or care for patients without capacity must benefit them overall, and decisions should be made in consultation with family, friends, and advocates.
- 7) A patient's right to consent should be supported so that they can participate in the decision-making process and exercise choice if possible.

How is this dynamic influenced when individuals conduct their own research and hold their unique perspectives? While there are certain cross-sectional statistics available on this matter (Luo, et al., 2022), there is a notable absence of research addressing the specific circumstances that shape the doctor-patient relationship, particularly when the individual perceives themselves as the primary decision-maker in healthcare matters. This is particularly relevant in the context of countries like Turkey, where the majority of healthcare expenses are covered. Therefore, this study aims to address this significant research gap.

1.3. How this health environment affected us in a daily life

98.8% Population from Turkey eligible for core services in health (OECD, 2021, s. 27). While Turkey's population is around 83 million in 2019 (TUIK, 2020), people

were diagnosed 813 million times; moreover, consultation services and dentists were not included into this number; that means, people from baby to the oldest ages went to hospitals/Cliniques approximately 10 times. Turkey is the 7th country with the highest number of applying doctors for consultation among OECD countries; In this ranking, the first country is South Korea and the last country is Mexico.

Turkey is the second in the world in pharmaceutical consumption (OECD, 2014). Among OECD countries, Turkey is always in the top 5 among the rates of using diabetes drugs, antibiotics, stomach drugs the most. (Başara, Soytutan Çağlar, Aygün, & al., 2020). In 2018, total drug sales in Turkey reached 2 billion 351 million 200 thousand boxes. This shows that, considering the 2018 population of 82 million, 28.6 boxes of drugs per capita (Boyacıoğlu, 2020).

This situation is criticised on his website by Doctor Kucukkusta (2022), citing the following example: 27 million people consulted with Bursa hospitals despite the city's small population of only 3 million (Medimagazin, 2022). In his explanation, he was attempting to demonstrate the inexactness of the system stating that it was so wrong to encourage people to test themselves all the time, no doctor can be effective for the ones who really need consultation within a 5 minutes diagnosis. Welch, Schwartz, & Woloshin considers the situation as a result of propaganda (2011, p. 225):

“More diagnosis, the resulting “epidemics,” and claims that testing that can save lives make the public want to seek more diagnosis as well. The public has been primed for this response, having been bombarded with messages about the value of getting tested from doctors, public health officials, the media, and maybe even their own mothers. People have not been encouraged to approach these messages critically, nor have they been taught how to judge whether these messages reflect solid science or are really just propaganda.”.

On the other hand, if you don't get screened and you get sick, you think it will be your own fault. “This “anticipated regret” also promotes more testing.” (2011, p. 309), thus, it is an endless loop that the system spins its web. People become chronically ill; the irony here is that the success of medicine also makes people more susceptible to ailments that can only be diagnosed with high technology (Beck, 1992). However, “Early detection and check-ups in diseases, as they do for cancer, are not

early when the disease has already occurred. The main preventive method is to change the conditions that lead to sickness” (Dizdar, 2014).

A system like this imposes a heavy burden on society in the following ways (Kucukusta, 2008; Applbaum, 2009; Dizdar, 2022):

- Within health systems, states are required to pay the costs associated with patent protection,
- Doctors’ workloads have increased enormously.
- It is disturbing to note that when the public believes the health can be bought, so that it is also possible to purchase physicians.
- Estimating the performance success of doctors based on their patient numbers and techniques, encourages them to direct their patients for more testing.
- The last one is loss of trust to the doctor, to health institutions and also to the health information.

Accordingly, people also have become more active in decisions affecting healthcare as a part of health consumerism (Epstein & Street, 2007; Johnson & Case, 2012). However, the health information they gathered which is quite ambiguous, full of uncertainty, complex and can also be manipulated by a rant (Deppe, 2009). For individuals under health messages bombard, it is challenging to be sure about their health status unless they are scanned, count their steps, count water glasses they drink, check how long they sleep and what time they go to bed, and so on. They also need to decide first to how much health they need (Leoppky, 2009).

Would this be a reason for searching the internet for more information? This is another research gap that will be addressed in this thesis. What do mothers expect from a doctor? Would they feel satisfied with the information provided? What can the internet offer as a plus? The results will provide insights into how doctors can better communicate with their patients, and also assess their satisfaction with the information they receive from their doctor, as well as their expectations from the internet.

2. How People Make Health Decisions: Health Communication Theories and Decision Making

Now we will focus on theories about how people make decisions under these circumstances. In simple terms, decision making is the act of choosing. Decision making involves gathering information, assessing alternatives, and making a final choice with the goal of making the best decision possible (Laoyan, 2022).

Commonly Health Communication Theories are derived from social psychology and communication theories. Focusing on the aim of the theories, it is possible to address explanatory theories to describe why a problem exist or change theories, associated with strategies to make an action, assumes how a program should work.

Medical model of health defines health as absent of any disease. The social/ecological model of health has a perspective of which is realized that embraces all aspects of human experience and places health fully in the dynamic interplay of social structures and embodied human agency instead of placement of health solely under medical profession (Yuill, Crinson and Duncan, 2012). Accordingly, most comprehensive theory, considering all individual to environmental policies about health communication, is socio-ecological model of health. Thus, in this thesis, decision-making is mothers'

2.1. Decision-making according to health communication theories in all socio-ecological levels

WHO (2010) uses in its health definition, being healthy is a state of complete physical, mental and social well-being; it is not only with the absence of disease or infirmity. Within this approach, considering the interactions of the relations, health related behaviours have multiple levels of influence within social-ecological environment such as (1) intrapersonal or individual factors (2) interpersonal factors, (3) Institutional or organizational factors, (4) community level factors, (5) public policy factors as it is summarised below in Table 2.1. *An Ecological Perspective: Levels of Influence* (McLeroy et al., 1988; as cited in NIH., 2014).

Table 1.1. An Ecological Perspective: Levels of Influence

Concept	Definition
Intrapersonal Factors	Individual characteristics that influence behaviour, such as knowledge, attitudes, beliefs, and personality traits
Interpersonal Factors	Interpersonal processes, and primary groups including family, friends, peers, that provide social identity, support, and role definition
Institutional Factors	Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors
Community Factors	Social networks and norms, or standards, which exist as formal or informal among individuals, groups, and organizations
Public Policy	Local, state, federal policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, control, and management

Source: National Cancer Institute (2005), “Theory at a glance: A guide for Health Promotion Practice”

Each factor pertains to distinct levels within social thought, even as they continually interact and influence each other. Various theoretical approaches have been developed in the field of health communication to better comprehend the intricacies of society. Consequently, we can unify these theories within an Ecological perspective, which encompasses different levels of influence in understanding health decision-making.

2.1.1. Intrapersonal factors:

In terms of intrapersonal factors, we are attempting to understand the individual's decision-making tendencies and behaviour based on their personal perception of a given situation. Therefore, in health communication research, it is important to reveal individuals' attitudes, characters, beliefs, in short, their perceptions on the situation. Under the title of intrapersonal factors, we will consider three main theories. These theories are important for our research to understand what beliefs and attitudes mothers have when dealing with an issue related to their babies and how this is reflected in their behaviour.

Health Belief Model (HBM): (1950s, Dr. Irwin M. Rosenstock and his colleagues). This model states that an individual's belief in their personal vulnerability

to an illness or disease, combined with their belief in the effectiveness of the recommended health behaviour or action, will determine the probability of the individual adopting that behaviour (LaMorte, 2022). Table 1.2. of HBM below shows how individuals' perceptions impact health-related decisions.

The HBM outlines that readiness to take action is contingent upon the following beliefs or conditions (Washburn, 2020):

- *“I am susceptible to this health risk or problem.*
- *The threat to my health is serious.*
- *I perceive that the benefits of the recommended action outweigh the barriers or costs.*
- *I am confident I can carry out the action successfully.*
- *Cues to action are present to remind me to take action.”*

Table 1.2. Health Belief Model concepts

Health Belief Model Concepts	
Perceived Susceptibility	An individual's assessment of their chances of getting a disease or condition
Perceived Severity	An individual's judgment of the severity of the disease
Perceived Benefits	An individual's conclusion as to whether the new behavior is better than what they are already doing
Perceived Barriers	An individual's opinion as to what will stop them from adopting the new behavior
Cues to Action	Factors that trigger behavior change
Self-efficacy	Personal belief in the ability to do something

Source: “Understanding the Health Belief Model” (Washburn, 2020).

Theory of planned behaviour: (1975, Fishbein and Ajzen). This model propounds that there is an ultimate relation among behaviours and intention. The power of the intention is the measure of the behaviour. Theory of Planned Behaviour states that an individual's behavioural intentions and behaviours are shaped by attitude toward behaviour, subjective norms, and perceived behavioural control (Asare, 2015).

While it is undoubtedly challenging to definitively predict human behaviour, we can try to comprehend the decision-making processes that underlie these behaviours. The Theory of Planned Behaviour posits that past experiences and perceived behavioural control play a role in influencing personal and moral norms and intentions for actions (Ajzen, 1991). This model assumes that people might try harder to perform

a behaviour if they feel they have a high degree of control over it (NCI, 2005, p. 17). This theory is modelled as below in Figure 1.2.

It is needed to be thought together with the Theory of Social Learning. Because in this theory people learn through their own experiences and also through observations of the others' actions and results. As it is pointed out within the ecological model of health, behaviour and the environment are considered as reciprocal systems that there is an influence in both directions for the theory of social learning as well.

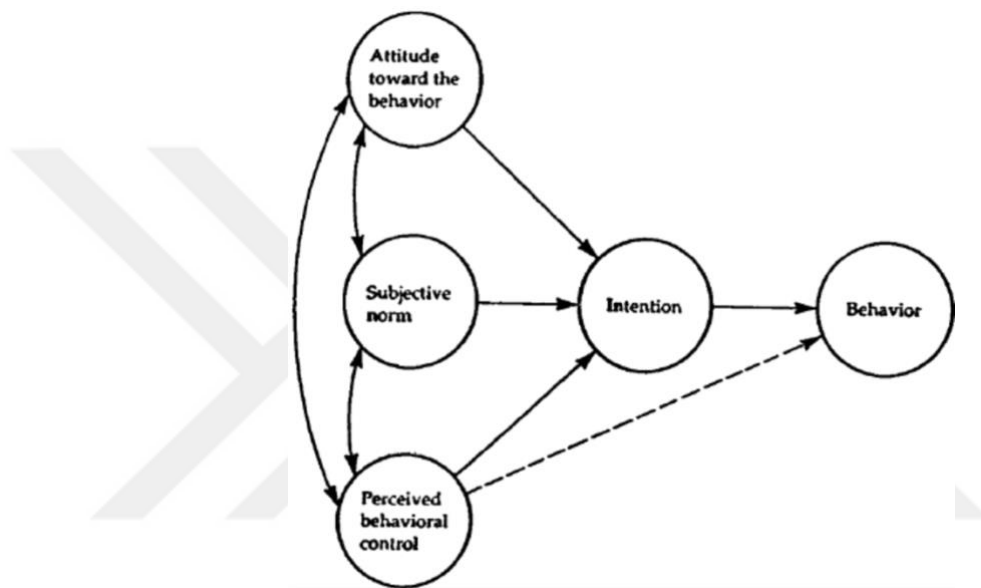


Figure 1.2. Theory of planned behaviour
Source: The Theory of Planned Behaviour (Ajzen, 1991)

Transtheoretical Model /Stages of Change Model (SCM): (1983, Prochaska and DiClemente). This model claims that one needs to be ready for change toward healthy behaviours. The change becomes to be complete in five levels (NCI, 2005):

Precontemplation: The phrase of awareness about the situation with positive or negative perception.

Contemplation: This is the moment people tend to think about how to act. Thus, the best moment for health communication campaigns.

Action: The person does what is purposed

Maintenance: This stage involves a commitment to sustaining the newly adopted behaviour.

Recycling: Interruptions about what is done about health behaviour and redesigning the thoughts.

As a general principle, the model assumes that behaviour change is a process rather than an event (NCI, 2005). This theory may help us to understand the tendencies to decide on a situation together with a doctor's advice and gathered information through the internet.

2.1.2. Interpersonal factors:

Individuals' social environment is taken into account at the interpersonal factor level, as well as the effect this environment has on their behaviour. Hereby, the meaning of health and diseases, and also treatment methods in the society become significant for health communication research. As a result, these theories are important for our research in understanding social constructions of motherhood, femininity, and baby care, as well as their influence on decision-making and behaviour. In our research, we have considered the internet as part of the mother's social environment, which is not limited to the physical environment.

Social Learning Theory (SLT) and Social Cognitive Theory (SCT): (1977, Bandura). Both of these theories developed by Albert Bandura, focus on the ways in which individuals acquire and apply new knowledge, behaviours, and skills through observation, modelling, and interaction with their social environment. While both theories emphasize the importance of social influences and observations in shaping human behaviour, the Social Cognitive Theory, as an extension of the Social Learning Theory, incorporating additional concepts related to self-regulation and self-efficacy.

These theories applied often in health communication and health promotion. Because, they give important clues for understanding human behaviour. These theories claim that both psychosocial factors that direct health behaviour and strategies to promote behaviour change should be considered together due to people and their environments interact continuously (NCI, 2005).

Connected with the SLT, SCT gives importance to self-efficacy, self-regulation, observation and modelling. Accordingly, people not only need to know what to do but also how to do it. On this manner, these theories are critical to this research because of two important suggestions they point out (NCI, 2005, p. 20):

- People learn not only from their own experiences, but by observing others' actions and the benefits of those actions.

- Unless people feel that they can exercise control over their health behaviour, they are not motivated to act, or to persist through challenges.

2.1.3. Institutional Factors:

Institutional factors are a combination of regulations, policies, and informal structures that may constrain or encourage recommended decision-making and health behaviours. From this point onwards, public health approaches to disease prevention and control focus on preventing and controlling disease across communities and populations, not just individuals. In our research, these factors are important in terms of understanding that when mothers make decisions about their babies, not only their own personality traits but also their social and community environments and structures are important.

PRECEDE-PROCEED Model: (1970, Lawrence Green and Marshall Kreuter)

PRECEDE model encompasses *Predisposing, Reinforcing, and Enabling Constructs in Educational and Environmental Diagnosis* and extends to include policy, regulatory, and organizational constructs in educational and environmental *Evolution*.

In its initial iteration during the 1970s, the model primarily focused on promoting personal responsibility and educational efforts surrounding this concept. However, by 1984, the model underwent significant development by considering a broader spectrum of internal and external factors and devising planning strategies tailored to specific situations and PROCEED – Policy, Regulatory and Organisational Constructs in Educational and Environmental Development- parts included (Çınarlı İ. , 2004). Despite the fact that individual knowledge, perceptions, and willingness still play a significant role in behaviour in this model, individuals are not isolated from environmental construction.

2.1.4. Community level factors:

These factors are networks and norms, or standards, that exist among individuals, groups, and organizations on a formal or informal basis. These networks form the basis for collaboration and communication that create shared expectations and behaviours that shape the behaviour of individuals, groups, and organizations. In terms of this research, community factors are important in understanding how mother

support groups, medical advice and criticism, vaccination groups, breastfeeding groups, blogs written by doctors and other health information producers, and the activities of discussion platforms shape mothers' decision-making and behavioural tendencies.

Media Advocacy: (Larry Wallack and Lori Dorfman, 1993) Media advocacy suggests strategies and initiatives that are planned and led by organizations and institutions whose missions are to protect and improve health; schools, worksites, healthcare settings, community groups, and government agencies. For example, smoking prevention, Recommending only breastfeeding for the first six months of an infant's life. According to Wallack (1994, p. 420) "Media advocacy shifts the focus from the personal to the social, from the individual to the political, from the behaviour or practice to the policy or environment.". In this regard, it is a strategy to empower people and communities with its participatory approach.

A media advocacy campaign involves influencing decision-makers through the media outlets that matter to them, such as newspapers, radios, televisions, newsletters, journals, magazines, and even the newer social media platforms, such as blogs, Facebook, and Twitter which are both very effective and free (Fresina & Pickles, 2013).

In this research, we will have the opportunity to observe how motherhood and baby health are defended on the internet, and how mothers are empowered as decision makers regarding their babies' health.

2.1.5. Public policy:

These factors are laws and policies governing or supporting healthy behaviours and practices in order to prevent, detect, control, and manage diseases at the local, state, and federal levels. It is critical for decision-making determining formal and informal limits of thought and behaviour. Some examples of public policies regarding baby care include job security for mothers, health coverage for children and families, vaccination programs, breastfeeding permit, preschool programs, childcare assistance, playgrounds around living areas etc. Communication research in this level examines how society accepts

innovations and changes. Observing how women become mothers and how society creates motherhood, particularly on the Internet, plays an important role in our research. We also investigate how information on the internet can better help this process and the pain points experienced by users. At this point, by making a transition from explanatory theories to theories of change, we begin to study why and how a program, strategy, development can be better planned as you can see in *Figure 1.3*.



Figure 1.3. Using explanatory theory and change theory to plan and evaluate programs

Source: NCI, Theory at A Glance, 2005, p. 6

Agenda Setting: (Maxwell McCombs and Donald L. Shaw, 1972) This theory was focused to see how mass media effects the votes in 1968 first. McCombs and Shaw (1972, p. 176) stated that “Readers learn not only about a given issue, but also how much importance to attach to that issue from the amount of information in a news story and its position.”. As a part of *framing*, someone explains what the audience should consider in a story (NCI, 2005). In doing this, the audience is not only told what to think about, but also how to think about the story.

Communication research focuses on how media influences public opinion, particularly with regard to politics and policymaking. For health communication, it investigates how some of the diseases mentioned by mass media channels affects people’s agenda and thoughts (NCI, 2005); such as Covid ’19 or Meases. This theory is important for our research in terms of understanding how the issue is promoted on the internet when mothers discuss a topic.

Diffusion of innovations theory: (Everett M. Rogers, 1962) Diffusion of Innovations is used to explain how a product or idea, especially in communication field, spreads within a specific culture or population. The theory claims that there are five main factors that influence adoption of an innovation, and each of these factors is at play to a different extent in the five adopter categories (NCI, 2005).

1. Relative Advantage - The degree to which an innovation is seen as better than the idea, program, or product it replaces.
2. Compatibility - How consistent the innovation is with the values, experiences, and needs of the potential adopters.
3. Complexity - How difficult the innovation is to understand and/or use.
4. Trialability - The extent to which the innovation can be tested or experimented with before a commitment to adopt is made.
5. Observability - The extent to which the innovation provides tangible results.

Thus, new ideas or technologies can be accepted and expanded only if those ideas or technologies have those usability features. In an effective diffusion, both formal and informal communication are used from intrapersonal to interpersonal levels (NCI, 2005). Observing opinion leaders in mother blogs, discussion groups or doctor blogs, experienced mothers might be critical for this research in this manner.

2.2. Decision-making types and processes

Decision-making is a complex process that sometimes we cannot directly know the reason for some of our behaviours, which are hidden codes in our genes inherited from generation to generation; such as fears. These instincts are often difficult to overcome, but we can develop strategies to make better decisions. We can take into account our past experiences, evaluate our options objectively, and weigh the pros and cons of each choice. Taking these steps can help us make better decisions that are in our best interest. Motherhood is a subject discussed in this context, whether it is natural or nurtured. How do they make decisions regarding the health of their babies using the Internet?

Although different disciplines such as sociology, psychology, economics and politics have different classifications of decision-making processes, we can basically

say that there are 3 types of decision making, even though, we cannot always distinguish them with certain lines. These are rational, intuitive, and creative decision-making (Laoyan, 2022).

2.2.1. Rational decision making: The process of rational decision making is thought to be logical and sequential (Laoyan, 2022). There are 7 steps to proceed rational decision making, namely; (1) determining the decision that needs to be made, (2) obtaining relevant information, (3) providing alternatives to existing solutions, (4) analysing the evidence, (5) making a choice from the options available, (6) taking an action, (7) identifying the good and bad aspects of your decision.

An example of this type of decision-making style would be a family's choice and purchase of baby diapers: (1) Diapers are required because of the observation that there is a need for them. (2) An investigation is conducted into the contents and price of baby diapers. (3) Additionally, user comments can be viewed, as well as price comparisons between diapers with similar features. (4) It is made consistent in various aspects of the choice you make. (5) Diapers are taken and used. (6) The use of the product is observed in order to determine whether you and your baby are comfortable with it. In light of all these experiences, the process is repeated or, if you are satisfied, you proceed with the same decision. That is the reason for giving free promotions to costumers to give them a chance to try. Because, once people make a decision and are content with it, they often find it challenging to change their minds or reverse their choices.

2.2.2. Intuitive decision making: Rather than relying solely on analytical reasoning or deliberate thought, intuitive decision making relies on instinct, gut feelings, or implicit knowledge to make judgments or choices. A decision can be made quickly by utilizing past experience, expertise, and emotions. In particular, this method is useful when time is limited, information is incomplete or ambiguous, or relying solely on analytical reasoning is not practical or efficient. A decision-making process can involve rapid processing, implicit knowledge, pattern recognition, and emotional influences.

For example, a mother of a child who has had a seizure, although she may read articles stating that fevers are necessary for the body to fight diseases, may be more likely to decide to use antipyretics when the child's fever increases again.

2.2.3. Creative decision making: Creative decision-making involves gathering information and insights about a problem and developing potential solutions, similar to rational decision-making. However, instead of identifying the pros and cons of each alternative, the decision maker enters a period in which they try not to actively think about the solution at all (Laoyan, 2022). In this manner, brain thinks about the solution unconsciously and this is where “Eureka²” level starts for the decision-maker (Schmitz, 2012). As a final stage, the decision maker consciously verifies the feasibility of the solution and implements the decision. A creative decision-making process steps can be seen in Figure 2.3.

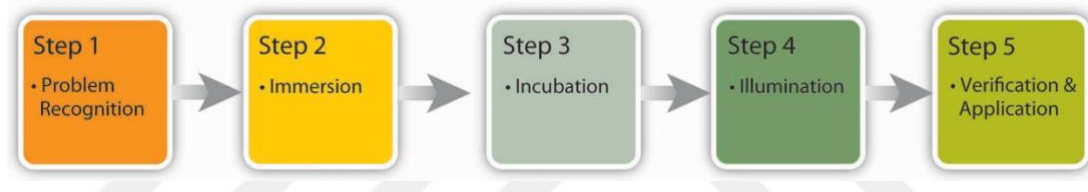


Figure 1.4. The Creative decision-making process

Source: Schmitz, Chapter 8: Make good decisions, 2012.

As an example, we might imagine a tired working mother who struggles both with housework and guilt over not having enough time to play with her child. (1) She defines her struggle as having insufficient time, being tired, and needing to play with her child. (2) She observes others and gathers more information about gaming methods. (3) She tries to continue living her daily life; her brain is actually working on the problem unconsciously. (4) A moment of insight occurs when she sees things clearly. Eureka! She decides to do housework with her, such as giving her bubble dishwashing water made with kids' soap. (5) By verifying the feasibility of the solution, she implements the plan.

² "Eureka" is a term used to express a sudden or triumphant discovery or realization after the ancient Greek mathematician and scientist Archimedes, who exclaimed "Eureka!" when he discovered a method for determining gold purity while taking a bath.

Summary

As part of this section, we examined the complex interplay among individuals' unique personality traits, the environmental context, social structures, formal and informal discourses, as well as physical, economic, and environmental factors that influence their health decisions. It also stressed that health is a collective construct that is defined by society. Subsequently, we discussed a variety of health communication theories from the social-ecological levels of influence. It began with an examination of individual characteristics, then progressed to cover sociocultural structures and environmental factors. Lastly, we discussed decision-making processes and developed examples. In this way, we acquired important approaches and assumptions that will form the basis of our research:

- Health is not something that can be attributed solely to medical professionals. It is something that is shaped by social environments and by individuals as self-health constructors.
- Health information seekers do not only learn through their own experiences but they also learn from observing others and the results of their acts.
- People are less likely to act or persist in their health behaviour unless they feel they can control it.
- Not only social policies and the environment determine people's decisions and behaviour, but individuals also have the power to determine social policies and social-environmental conditions. All of them interact with each other.
- Various types of thinking, and decision-making processes are used by individuals in order to overcome difficulties.

On the other hand, making health decisions for a baby whose physical and psychological development depends on "you" can be particularly challenging. For the next chapters, this information from this chapter will be combined with health information quality on the internet and online information-seeking literature.

PART 2: QUALITY OF ONLINE HEALTH INFORMATION FROM USER EXPERIENCE PERSPECTIVE

We are not medical professionals, but rather social scientists, so we cannot comment on the appropriateness of medical treatment or the accuracy of health information. Nevertheless, relying solely on numbers to measure health does not suffice. Humans are not simply members of a human herd³: we cannot ignore the unique experiences they each have. Thus, our goal here is to discuss how to provide reliable and accessible health information online for everyone who needs it.

1. Health Information Concept

Health information is generally referred to as the management of information and documents related to an individual's health. In this regard, The American Health Information Management Association (AHIMA) (2022) defines health information as “The data related to a person’s medical history, including symptoms, diagnoses, procedures, and outcomes. Thus, health information includes any personal information or opinion about your illness, injury or disability (AOIC, 2022). From this point, some examples of health information comprise:

- Notes of your symptoms or diagnosis,
- Information about a health service you’ve had or will receive,
- Specialist reports and test results,
- prescriptions and other pharmaceutical purchases
- Dental records,
- Your genetic information,
- Your wishes about future health services,
- Your wishes about potential organ donation,
- Appointment and billing details,
- Any other personal information about you when a health service provider collects it.

³ Medical approaches tend to look at statistics for making decisions because individuals are viewed as a part of a herd, such as herd immunizations. Socio-ecological perspective takes into account both statistics and personal experiences when addressing health-related procedures.

A patient's health information can be watched personally to see how health has changed; it can also be viewed as part of a larger data set to understand how a population's health has changed, and how medical interventions can change health outcomes (AHIMA, 2022). This data can then be used to inform public health decisions, such as targeting specific groups for preventive health measures or identifying areas that need additional resources. It can also help researchers to better understand the effects of certain diseases and develop better treatments and interventions.

It is more likely that these definitions refer to the management of patient information. World Health Organisation makes a separation between health information and patient information. The term "health information" refers to all the information, data and evidence on health that facilitates policy-making. This is distinct from "patient information", which individuals might seek to help them maintain the best standard of health (WHO, 2016). Health information is seen as a crucial element in reducing health inequalities. WHO's pathway to this target is summarised as below:

- Generating information for health and well-being, with a focus on indicators,
- Improving access to and dissemination of health information,
- Capacity-building,
- Strengthening health information networks,
- Supporting development of health information strategies,
- Enhancing communication and advocacy.

They work on the WHO European Health Information Gateway project which is available to the public, providing curated, reliable health data and information presented in formats that are easy to understand and compare, and that are easy to extract. The project aims to promote health equity by providing equal access to quality health information for all citizens, regardless of their language. It also aims to empower citizens to make informed health decisions.

We will also cover the concept of "Health Information" in parallel to WHO's perspective in this thesis. We will look at all data and information published online that someone wants to learn about health issues from a socio-ecological perspective. Thus, someone who seeks for health information does not have to be a patient but looking for more information for him/her self or for a proxy. This includes any

information environmental, social or medical that individuals may need to learn to protect, maintain or improve their health and wellbeing. In this respect, there are plenty of formats, styles, and contents presented online. What makes them reliable? How should health information be presented? How can health information be improved and made more usable to empower health information seekers better?

Those questions are important because as Health Information Privacy Division (2020) sets forth “Providing individuals with access to their health information gives them greater control over decisions regarding their health and well-being”. They demonstrate this by claiming that individuals can use their health information to monitor chronic conditions, participate in treatment plans, correct errors in their records, follow up on progress in wellness programs, and provide direct support for research. As health information technologies evolve and are used more frequently, individuals have more opportunities to access their health information electronically, more quickly and easily, in real time and on demand. “Putting individuals *in the driver’s seat* with respect to their health also is a key component of health reform and the movement to a more patient-centred health care system.” (Health Information Privacy Division, 2020). This is an important point in order to empower people for their own health decisions.

2. Health Information Seekers’ User Experience

In healthcare, there is never one-size-fits-all solutions; there will be different needs and information presentations for a 70 years old diabetic man, a healthy 45 years old woman, a pregnant woman, a baby’s caregivers looking for what to do for better outcomes, and so on. In its most basic form, patient experience can be defined as being aware of the disease, choosing a doctor or treatment method, being treated, paying and receiving support after treatment (Özsoy, 2019). Thus, it encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities (AHRQ, 2021).

Research, before pandemic, showed that generation Y⁴ and the ones come after that generation are more likely to use tele-health applications, they want their doctors to use mobile health applications (Yormaz, 2015). Nevertheless, especially after a world-wide health crisis of Corona Virus pandemic, so many people have become increasingly willing to receive virtual care for a variety of health services as it is in any other life routines (Hunzinger & Singh, 2021).

Beyond online services, people tend to find or decide which health service or health professional they will apply through online comments in the same way they would seek for an hotel advice (Rothenfluh, Germeni, & Schulz, 2016). Lincoff (2018) addresses how online reviews are changing the healthcare game through the benefits of real life experience gained through the social groups. Because many people rely on online doctor reviews, so there are some health information websites approved as credible by health professionals and Food and Drug Administration (FDA) such as Healthfinder.gov, MedlinePlus, and ClinicalTrials.gov.

There are also so many health information web sites and groups supported by medical professionals and organisations in Turkey; Prof. Dr. Ahmet Rasim Küçükusta's page: ahmetrasimkucukusta.com, www.verem.org.tr, Prof. Dr. Yavuz Dizdar's page: yavuzdizdar.com, Mother Child Education Association (acev.org), International breastfeeding support commission <http://www.illturkiye.org>, trainings for normal birth: <https://www.dogumakademisi.com/tr/blog>, trainings about pregnancy: gebelik.org are just some of them.

The challenge with health information providing is not just about putting in more information but also creating it in an accessible and usable way that people can make their decisions though. Google as a search engine, filters information but it does not mean that the information given is the most credible or accessible one. "The study showed that consumers may lack the motivation or literacy skills to evaluate the information quality of health Web pages, which suggests the need for developing accessible automatic information quality evaluation tools and ontologies" (Stvilia, Mon, & Yi, 2009). Thereby, one of the solutions could be using search engines especially for health information seeking (Ceylan, 2013). There are some examples

⁴ Generation y includes those born between 1980-2000.

of websites various in different languages such from Directory of Health Websites selected for French-speaking people SanteRomande.ch, Medivizor.com, nhs.uk/conditions/. However, credibility of websites, considering the usability and reliability issues, are expostulated due to having lack of sufficient health information sources such as core concepts and guidelines related to diseases (a Hendrick, et al., 2012; Nagappa, et al., 2009). Thus, what could be criteria for accessible and reliable health information?

There are some organisations world-wide just working on accessibility and reliability of online health information. Hereby, we will focus on W3C Accessibility and Health on the Web Reliability standards. Because, the W3C is an international community that works on web standards and accessibility, providing open sources that are free to use by anyone.

2.1. Accessibility standards for online health information

The World Wide Web Consortium (W3C) (2021) is an international community aiming to lead the Web with Web standards. For this consortium, full-time workers, and the public work together to ensure Web's full potential that enables human communication, commerce, and opportunities to share knowledge regardless from their hardware, software, network infrastructure, native language, culture, geographical location, or physical or mental ability.

W3C organizes its Success Criteria guidelines in 4 principles. These are not just for health information, but all websites which accessible web content aspired. These principles are as follow (W3C, 2023):

1. **Perceivable:** Information and user interface components must be presentable to users in ways they can perceive; it cannot be invisible to all of their senses.
2. **Operable:** An online page should not require any interaction that a user cannot accomplish; all components and navigation must be operable.
3. **Understandable:** Users should be able to understand the information and the operation presented in an online page.
4. **Robust:** Content must be potent enough that even new technologies and user agents evolve, the content should remain accessible

These principles are necessary not only for users with disabilities or low internet literacy but also for anyone who wants to reach any information and make his/her decision effectively. However, there is also WCAG 2.1 guidelines that they just work on addressing problems particular to people with disabilities such as accommodations for blindness and low vision, deafness and hearing loss, limited mobility, speech disabilities, photosensitivity, and combinations of these, as well as some accommodations for learning disabilities and cognitive limitations (W3C, 2023).

In summary, it should not be the information seeker's endeavour digging for the information in a page with operational mistakes and feeling himself incompetent about his surfing skills, but rather online pages must be accessible for everyone regardless from their abilities. While health is a sensitive issue in itself, information seekers should be able to find what they are looking for easily in a health information page.

2.2. Reliability Standard for online health information

Studies found that parents perceived the information on the web as easy to understand, but they sometimes had problems distinguishing between trusted and untrusted websites (Kubb & Foran, 2020). So, how can an ordinary Internet user evaluate the quality of health information presented on online platforms?

Health On the Net foundation (HON) (2020) does research and establishes guidelines within international standards for health information seekers and web content producers. The idea of providing a guide for online health information was first emerged at the conference: "The use of internet and World-Wide Web (WWW) for Telematics in healthcare" in 1995 and 60 participants from 11 countries gathered as a non-profit organization which is called Health on The Net foundation (HON), and then they produced guidelines and tools for health-related websites (2020). In just three years since its foundation, HON Code submissions grew by 250%, proving the need for guidelines for both website builders and users of online health information (Boyer, Baujard, Scherrer, & Appel, 1999). The HON Code has become an important benchmark for quality health information online. It is used by healthcare professionals,

organizations, and governments to ensure that health information is accurate, up-to-date, and can be trusted.

HON code is based on 8 criteria which are authoritative, complementary, privacy, attribution, justifiability, transparency, financial disclosure and, advertising policy. This guideline is also organised separately for patients or individuals seeking medical information, medical professionals and web builders. Thereby, it is possible to analyse the website's information quality presentation according to a related checklist. For instance, HONcode checklist for digital health content producers and health information seekers admits a website as a credible, hence trustable one, if this website points out the items as below:

1. Authoritative: The qualifications of the authors are indicated,
2. Complementary: The doctor-patient relationship is supported,
3. Privacy: Personal data and privacy regulations are respected,
4. Attribution: Sources of the information and dates are indicated,
5. Justifiability: Claims of the information is justified,
6. Transparency: Contact information of the information providers are transparent,
7. Financial disclosure: Financial disclosure is identified,
8. Advertising policy: Editorial content and advertisement are clearly distinguished.

This guideline specifies those qualifications with a checklist form which occurs from 15 questions. The user selects and clicks the features observed on the website from the provided options. As a result, it provides a trustworthy score ensuring the health information quality in international standard depending on the patient's observation (See Figure 1.5.).

HON was one of the first attempts at standardizing safe health information. However, an advisory text appeared on the Health on the Net website in September 2022, "HON is no longer updated and will be permanently discontinued on December 15, 2022. Despite all our efforts, it is no longer possible to maintain it. We thank you for your understanding."

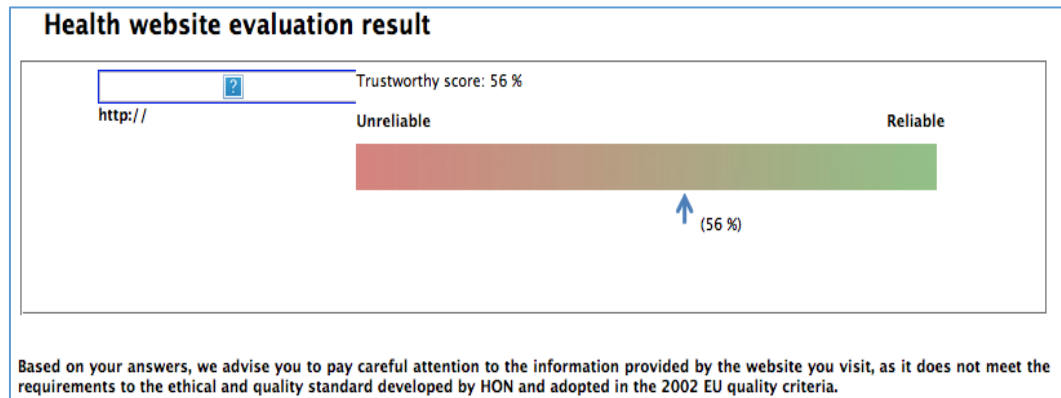


Figure 1.5. A health website evaluation result taken from HON

Source: Karbay and Chunpir, Gauging the Reliability of Online Health Information in the Turkish Context, 2016

On the other hand, there are so many institutions and researchers that actually still take advantage of HONcode criteria (Boyer, Baujard, Scherrer, & Appel, 1999). For instance, National Institute of Health (NIH), sets a highlighted path for elders on finding reliable health information on the web as if someone is asking the questions and an authority is answering. NIH (2014) also gives its quick checklist questions as below:

- *Is the sponsor/owner of the website a federal agency, medical school, or large professional or non-profit organization, or is it related to any one of these?*
- *If not sponsored by a federal agency, medical school, or large professional or non-profit organization; does the website refer to one of these trustworthy sources for its health information?*
- *Is the mission or goal of the sponsor clear?*
- *Can you see who works for the agency or organization and who authored the information? Is there a way to contact the sponsor of the website?*
- *When the information written or the webpage was last updated?*
- *Is your privacy protected?*
- *Does the website offer unbelievable solutions to your health problem(s)? Are quick, miracle cures promised?*

The above criteria can be used to distinguish between credible information and attention-grabbing stories, for example when hearing about magic diets for health solutions. Educating individuals about how to obtain health information safely is one of the most important responsibilities of professionals in healthcare and health communication.

2.3. Necessity for building user friendly health information platforms

A qualitative study conducted using focus groups, naturalistic observation of consumers searching the world wide web in a usability laboratory, and in-depth interviews to describe techniques for retrieval and appraisal used by consumers when they searched for health information on the internet (Eysenbach & Köhler, 2002). It was observed that internet users were able to find health information to answer questions in an average of five minutes. Participants sought credibility primarily through the source, a professional design, a scientific or official touch, language, and ease of use. However, they didn't remember which websites they had retrieved information from.

In the research of Can, et al. (2014), Turkish websites were analyzed for their trustworthiness of information indexed based on keywords of disease symptoms. They found that 92% of the websites had a lack of evidence-based information. There was no direction for health professionals (40,6%), and 65,9% of them had advertisements, so only 9,7% of researchers were inclined to recommend these websites to their patients. This research shows that it would be not sufficient to rely on the information gathered online in Turkish websites.

On the other hand, Karbay & Chunpir (2016) assessed Turkish health websites' reliability according to HON criteria and found much more optimistic results. They filtered health websites for the research by "psychology", "health and beauty", "diet", "mother and baby health", "family health", "health", "disease and treatments", "alternative treatments", "general health", "doctors" and "medicine" keywords. Because it was thought that hospital and other health organisations' websites were already credible, those ones were excluded from the research. Finally, 56 websites only pertaining to three categories or keywords that are "psychology", "aesthetics and beauty" and "motherhood, baby and children." were analysed. It was found that the Turkish websites conform well to the requirements and expectations of the following principles: Authoritative (Principle 1), complementarity (Principle 2), attribution (Principle 4) and transparency (Principle 6). However, there needs to be more precaution for determining the policies of privacy (Principle 3), justifiability (Principle 5), financial disclosure (Principle 7) and advertising policy (Principle 8). It was noted that in these websites there were no explanations of patient rights, advertisement

policies, the sources of information, privacy of the individuals and state policies and “about us” pages.

The difference between Can, et al. (2014) and Karbay & Chunpir (2016) might be attributed to sample selection or to website builders learning how to create health websites within two years. During that time, Turkish Ministry of Health project "Health Transformation" supported the development of all health websites and applications such as E-Pulse (E-Nabız), Central Doctor Appointment System (MHRS), What's Wrong with Me (Neyim Var), Medical Record Acceptance Model (EMRAM) (Gümüşlü, 2023). Turkey has made great strides in expanding the transition to digital health, as we will see in the following section.

Eighmey and McCord (1998) asserts that it is critical to build a user-friendly web environment that considers cognition effects, motor skill diminishment, loss of hearing, vision decline and so forth. Between the ages of 25 and 60, people's ability to use websites declines by 0.8% per year - mostly because they spend more time per page, but also because of navigation difficulties (Nielsen, 2008). Although health solutions are unique for every one's needs, there are some common needs, such as reaching easy to access information without time and place limitations, having more than one option for treatment, knowing the pros and cons of any treatment or product, transparent and welcoming communication while seeking health information to take their own health responsibility. And everyone, from patients/relatives of patients to healthcare professionals, needs to have their voice heard so they can function as co-creators in the healthcare experience, and for that reason, needing to be empowered (Chopoorian, Kauffman, & Masciariello, 2021).

There should be a continuous effort to make the online health information environment user-friendly. This cannot be possible if users are excluded from the development process. Therefore, research on user experience provides important insights, especially on the points that need improvement and what can be done. Using journey mapping is one of those ways to understand patient experience aspect through visual data. Journey mapping, instance, is particularly compelling for clinical teams, who can't necessarily see how the healthcare journey threads together or where its

pitfalls are, or understand how people are feeling in those moments where things don't work out quite as planned (nrc Health, 2021).

Mothers' expectations of health information on the internet, the problems they encounter when accessing the information, and situations in which they overcome a difficulty will provide important data for the analysis of online health information use in this study. This qualitative data will help to better understand how mothers use the internet to access health information, and how this information can be used to empower them to make better health decisions. It will also provide insights into how mothers and other individuals can be supported in their health information search, thus, will also provide valuable guidance for the development of strategies to improve access to health information online.

Summary

Health information encompasses a comprehensive context that includes everything from daily routines for a healthy lifestyle to environmental politics for a better life. To empower and enable individuals to attain improved personal and societal well-being, it is critical that health information is made readily available, accessible, and comparable for all those who require it.

For digital health content producers and health professionals, there is a standardized set of guidelines that exists for creating quality health information for individuals with different abilities and backgrounds, as well as for information seekers who want to verify reliability and credibility. For example, HON criteria present a checklist to understand a health information platform's trustworthiness. A number of factors are considered, including authoritativeness, complementariness, privacy, attribution, justifiability, transparency, and financial disclosure/advertising.

In order to determine which information presentation is best suited for an individual, certain principles can be used to guide them. These can be summarised as checking the ownership of the platform, ensuring that trustworthy sources are referred, being aware of hidden promotions/adverts, having a contact person available, checking the currentness of information, and being aware of information reliability, such as promises of unbelievable quick, miracle cures.

In this regard, this study will be interesting to see how mothers navigate online resources in search of health information to ensure their babies' well-being. The findings from this research will offer valuable insights that can inform the enhancement of the quality of online health information and the development of projects aimed at enhancing public health.

PART 3. NEEDING ONLINE HEALTH INFORMATION SEEKING FOR CHILDREN'S WELL-BEING

As a result of increased Internet connectivity, we now have access to a wide range of information, socialization opportunities, and entertainment at our fingertips. The Internet has become an invaluable source of information for those seeking health information. It has also enabled people to access and share health advice, as well as to provide feedback on health products and services. However, there is a danger that false information can also be shared online, which can lead to people making poor decisions about their health.

In this section, we examine the use of the Internet to obtain health facts as well as criticism around this subject. A particular focus will be placed on parents' information-seeking for health and women's information-seeking behavior in relation to expectations of motherhood.

1. Internet Usage Statistics

Connectivity all over the modern world is increasing year by year although it is quite expensive for most of us. In particular, since the COVID 19 pandemic, the need for home internet has been glaringly obvious. All we needed for the lockdowns were groceries, food, electricity, water, gas, and a device to access the internet. Aside from the specific COVID situation, people prefer to stay connected in order to keep abreast of the world and to feel connected. Hereby, we will look at trends in the world and in Turkey and the status of parents from Turkey.

Primary reasons why global internet users aged 16 to 64 use the Internet are listed in the *Table 1.3.* below. According to this recent report (Digital 2021: Global Overview Report), people use the internet for information seeking mainly (63%).

36.3% of those seekers are researching for health and healthcare products whereas 51% seek how to do things. These numbers show us a big shift from traditional methods such as asking elder family members, having encyclopaedias at home, buying newspapers for being up to date; to digital habits, to digital methods like just tuning on the Internet.

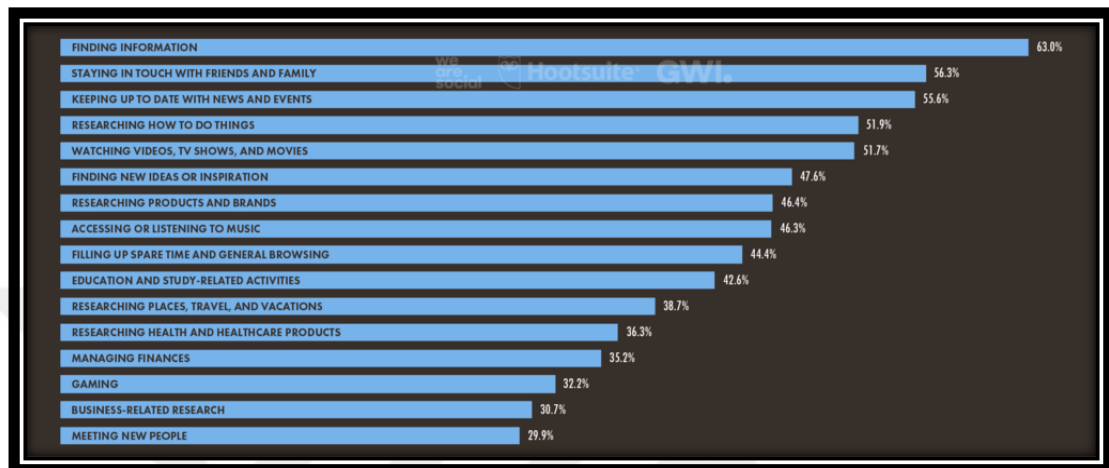


Figure 1.6. Reasons for using the internet

Source: Digital 2021: Global Overview Report (2021)

Additionally, these reasons can also be categorized into three categories; first, finding information, second, socializing, and third, enjoyment. It is possible for parents to read all items related to their children, such as finding information about their children, staying connected with friends and relatives, staying updated with their kids, learning how to take care of them, discovering the best brands for them, and finding places to take them. It actually means that parents make a tremendous effort to research their kids' health, for their kids' well-being.

The majority of daily internet users access the internet via their mobile phones (Kubb & Foran, 2020). Females spend more time than men on the phone all over the world (Kemp, 2021). The following table, *Table 1.4.*, shows us which platforms are preferred for Internet use. This data also indicates that the world is moving from stability to mobility, from passive audiences to active users.

It is no surprise that Google, the world's most popular search engine, takes the top spot in the list by a wide margin. The brand's innovations and interactions integrated with devices in a user-friendly design are come to fruition. Google was

reported to be the most common starting point for gathering health information as well (Kubb & Foran, 2020); such that, people tend to ask for health information Dr. Google first, before a real doctor (Gualtieri, 2009). The most recent studies found that 9 out of 10 parents use Google (Kubb & Foran, 2020).

Table 1.3. World's most visited websites

#	WEBSITE	TOTAL VISITS	UNIQUE VISITS	TIME PER VISIT	PAGES PER VISIT	#	WEBSITE	TOTAL VISITS	UNIQUE VISITS	TIME PER VISIT	PAGES PER VISIT
01	GOOGLE.COM	66.52B	2,995M	23M 07S	6.87	11	TWITTER.COM	3.24B	723M	15M 21S	4.48
02	YOUTUBE.COM	20.42B	1,947M	33M 11S	4.17	12	YANDEX.RU	2.95B	202M	22M 35S	7.57
03	FACEBOOK.COM	15.52B	1,794M	23M 02S	5.96	13	XNXX.COM	2.29B	397M	17M 35S	9.68
04	WIKIPEDIA.ORG	12.96B	2,291M	8M 42S	2.14	14	LIVE.COM	2.20B	369M	7M 16S	4.09
05	YAHOO.CO.JP	4.90B	198M	17M 31S	6.80	15	REDDIT.COM	2.17B	344M	17M 10S	4.23
06	AMAZON.COM	4.34B	753M	13M 08S	7.01	16	NAVER.COM	1.81B	67M	27M 07S	9.89
07	PORNHUB.COM	3.94B	594M	14M 07S	8.91	17	VK.COM	1.66B	150M	26M 43S	11.73
08	INSTAGRAM.COM	3.76B	836M	17M 23S	4.46	18	FANDOM.COM	1.49B	351M	10M 51S	3.11
09	XVIDEOS.COM	3.51B	523M	17M 36S	9.46	19	WHATSAPP.COM	1.34B	276M	21M 44S	1.54
10	YAHOO.COM	3.37B	498M	15M 48S	3.97	20	RAKUTEN.CO.JP	1.33B	143M	8M 34S	5.74

Source: Digital 2021: Global Overview Report (2021)

Youtube, which is a video and music platform, takes second place. The programs inside can be produced professionally or by a user. In this regard, in addition to news programs, music shows, films, and videos, it enables people to show how to do things visually. This was reported as one of the most common reasons for using the Internet in *Table 1.3*.

In third place is Facebook, a social platform that connects people and brands, mostly under their real names. Although people may have their own open or closed groups around an issue, they may also ask or comment anonymously. Approximately 70.8% of the population uses social media, and Facebook is the world's most popular social media platform (Kemp, 2021). We can say Facebook serves all the purposes of internet usage such as locating information, socializing, and engaging in entertainment on its own.

The fact is that all these platforms incorporate interactive features, which serve as channels for delivering information from professional content providers to individuals, to whom we have access ubiquitously. These user preferences for active engagement are reflected in the most frequently downloaded applications, which are

communication apps. The most commonly used types of apps are messaging and social media, with approximately 50% of app users using them primarily (Lal, 2023).

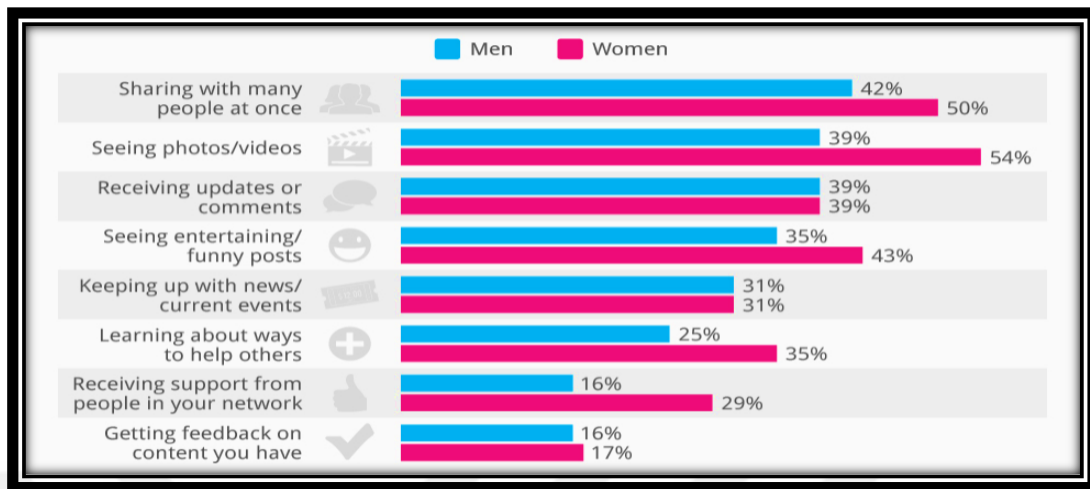


Figure 1.7. Why men and women use Facebook

Source: Statista (Brendt, 2014)

According to the *Table 1.5.* comparing why men and women use Facebook, women are more active users. Women place a greater emphasis on receiving support from their friends and family two times more than men. Facebook usage differs between men and women in terms of learning ways to help others, viewing photos and videos. Other reasons for using the Facebook platform are almost identical.

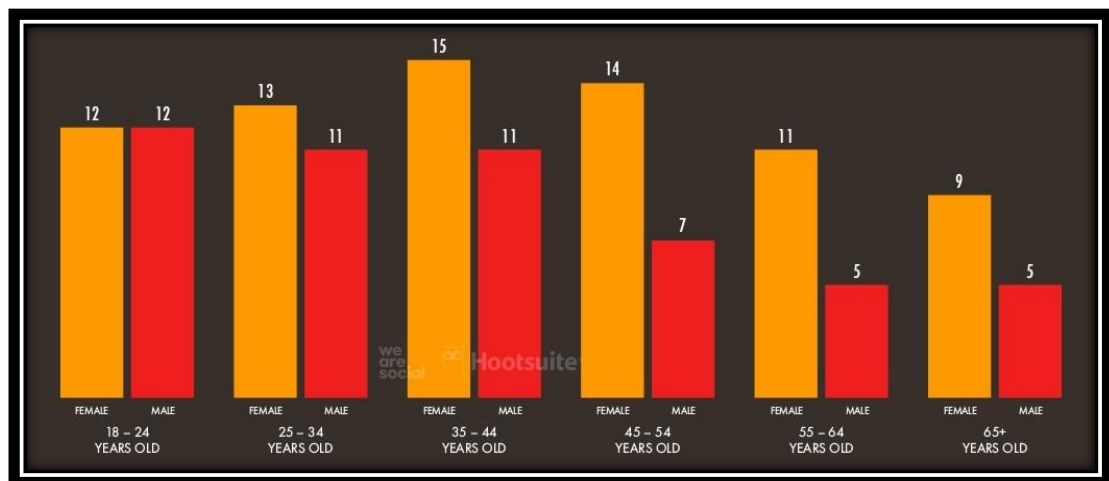


Figure 1.8. Facebook monthly post likes by age and gender

Source: Digital 2021: Global Overview Report (2021)

The Pew research (2012) indicates being active on Facebook ensures more social support and social well-being. Frequently updating status and sharing messages/photos

gives people a sense of power, allowing them to be chosen as a friend, to have more friends, to convince people on an issue, to be liked, and to have more social support both online and offline. As we can see in *Table 1.6.*, women comment more on Facebook and likely to benefit more from socialization and support.

The fourth platform of choice for Internet usage is Wikipedia. Wikipedia's purpose is revealed as “to benefit readers by acting as a widely accessible and free encyclopedia; a comprehensive written compendium that contains information on all branches of knowledge” that can edit Wikipedia's text, references, and images (Wikipedia, 2023)..Thus, it serves as an online encyclopedia for anyone looking for descriptive information.

Turkey has big growth in the online world every year. 79% of individuals ages 16-79 uses the Internet in Turkey (TUIK, 2020). Online activities of people in Turkey are in the top 10 all over the world (BBC, 2020). Turkey ranks 14th in daily time spent on social media and 6th in mobile device usage for information seeking among all countries (Kemp, 2021). According to the study, the Turkish language makes up 3.7% of content for websites around the world, just behind English at 60.4%, Russian at 8.5%, and Spanish at 4%.

Using Global Web Index Research, Campaign Turkey (2017) compiles data for the case of Turkey among people in 36 countries who spend more than one hour using the internet each day. More than 917 thousand people are involved in the Turkey case, which examines the motivations, attitudes, and behaviours of parents in the digital world. Though the mother and father penetrations of the internet show parallelism, there is a change in the subject matter of being online. Accordingly, mothers are more likely to use the internet to learn "how to do things" (71%), to search for education/training (67%), and to remain current (66%). Whenever they need information, both parents tend to go online first. While mothers follow mostly bloggers, anchor-men, and TV stars, fathers follow mostly sports stars, businessmen, and journalists on social media. It is also noted that mothers are looking for product details whereas fathers are making price comparisons via the internet.

We now intend to focus on how parents, and in particular mothers, conduct online research through the internet, as well as some issues surrounding this topic that need to be addressed.

2. Gathering Health Information on the Internet for Children

When you have a baby, even if you have an ultra-healthy child, it means that you are living with a creature that is chronically dependent on you and that you need to take care of 24/7. In addition, human babies do not have fur for insulation against the cold. They cannot stand up immediately after birth, and must be cared for by their parents for 18 years before they are able to be introduced to society. Even though it is seen as a very natural process, parents have overwhelming responsibilities: In addition to providing physical assistance and emotional support for their children, they also become liaisons between various parties, manage financial and household issues, monitor symptoms and report them to related medical departments (Anker, Reinhart, & Freeley, 2011; Johnson & Case, 2012; OECD, 2018).



Figure 1.9. Parental responsibilities

As for the literature, there are numerous studies emphasizing the importance of the first 1000 days of a baby. There are also parenting books providing information on how to manage this period. Although there are studies that take these 1000 days as the time from the first day of the baby's conception to the age of 2 or refer to the first three years after birth, the common point between these two is not only the feeding of the baby in this process, but also the words spoken to it, the music listened to, the stimuli in the environment, the clothing worn; everything impacts the baby's health.

Additionally, babies carry these impressions for the rest of their lives. In order to examine global disparities in early childhood development, Dr. Aisha Yousafzai is developing a scale. An interview with her highlights the importance of the first three years of a child's life for the development of their brains, bodies, and mental health (Blanding, 2021):

“This is the period where the brain is developing most rapidly and is most sensitive to input from our environment and our experiences. Your genetics and biology are the road map for the way you develop, but your environment and experiences shape the quality of that development. The first three years of life are a window of opportunity to reduce risks—such as parental depression, violence, and neglect—and promote protective factors for healthy brain development, such as early learning opportunities.”

In this context, parents of modern times are likely experiencing stress due to the demands of their responsibilities, which can have a long-lasting impact on their children's lives. However, they are also using the potential of the internet to make this period more productive and conducive to their children's well-being. We will now discuss this issue in more detail.

2.1. Parents as prosumers of health information

In current cost-profit based health care systems, physicians have less time to devote to providing health information and education to patients... Although information is the first step for behavioural change, increasing their psychological well-being, relieving anxiety, and making them more informed about treatment decisions, the information needs of individuals are not met (Johnson & Case, 2012). Yet there is hope says Johnson and Case (2012, s. 4), because “increasingly individuals are being empowered to find the answers they need to solve their problems, in part through the explosive growth of health information technology.”

Toffler (1980) defined prosumers as people who produce products and services for their own use. In this regard, individuals producing, consuming, sharing, and commenting on health information can be referred to as “health prosumers”. Researchers have tried to explain why individuals share their knowledge when there is no obvious benefit. Collective intention, on the other hand, is found to determine

compliance, internalization, and identification in social interaction processes (Cheung & Lee, 2010). For instance, research shows that altruism, identification, reciprocity, and shared language have a significant and positive effect on knowledge sharing, trust developing, and affect message quality positively (Chang & Chuang, 2011). Regardless of why people collaborate -whether they are patients, relatives, health professionals or simply ordinary people who wish to remain healthy - they all work towards the goal that "Health is a fundamental right of every individual.". (WHO, 2014). Those who do not know each other gather in a virtual space and share their knowledge and experiences; they support and guide one another.

Based on mass media's historical bullet theory, the public was generally considered passive and defenceless (Johnson & Case, 2012). Gathering information, however, activates patients' participation in doctors' decision-making processes and their willingness to share responsibility. Consequently, shared decision making - among patients, with other individuals, or between patient and physician - changes the paternalistic relationship between doctor and patient (Anker, Reinhart, & Freeley, 2011; Johnson & Case, 2012; Yilmaz, 2013). People trust doctors with reviews, websites, and online accounts more than those without reviews, websites, or online accounts. (Lincoff, 2018).

Providing health information helps people to understand their diagnosis, choose treatments, predict their prognosis, and cope with illness (Brashers, Goldsmith, & Hsieh, 2002; Lambert & Loiselle, 2007; Chen, et al., 2018). By collaborating with others, individuals can compare their diagnoses, treatments, symptoms, and so forth with many others to determine a more personalized path toward a better outcome (Johnson & Case, 2012, s. 181). "Homophily" refers to the tendency for people to communicate predominantly with people who are similar to themselves (Rogers, 2003; Johnson & Case, 2012). Homophily allows individuals to build relationships with others with similar experiences, beliefs, and backgrounds. Consequently, they are able to gain a better understanding of the condition they are facing, as well as receive better advice and support. In this manner, the Internet might create platforms that encourage people to collaborate on an issue that they experience with those who are different from them in order to benefit from a wider range of perspectives. Rather than focusing

on their personal identities, homophily here is a union based on their shared experience and knowledge.

In her study, Kim (2015) investigated how both intrinsic and perceived message attributes affect audience selection and social retransmission of online health news stories, and how news-sharing channels (e-mail vs. social media) influence virality. As far as we currently know, because the internet and digital media technologies have transformed news consumption into a more selective and collaborative communication activity, it's crucial to understand how messages impact audience cognitions, emotions, and behaviours in the new public communication environment. Based on these communication behaviours, message level selection and retransmission are determined as below:

Informational utility: Articles conveying practical information, promoting health, and overcoming health threats are more likely to be viewed and shared.

Content valance: A positive message is more likely to be passed on since it makes the recipient feel positive and contributes to the build-up or maintenance of the sharer's positive reputation.

Emotional evocativeness: Sharing emotions can provide intrapersonal and interpersonal benefits, as well as establishing (or strengthening) social bonds

Novelty: It is more likely to be shared when the message is innovative, unusual or surprising, has high social currency, and has favourable conversational metrics, scilicet “stop and think” style messages.

Exemplification: Because exemplification is a critical component of news that makes it more vivid, engaging and, hence, more story-like, such messages have a better chance of being retransmitted.

Based on a large-scale study, Kubb and Foran (2020) present comprehensive research on the use of online health information by parents for their children, indicating that half of internet searches concern someone else's health situation. They began their investigation of how to classify online health seekers who are doing so on behalf of their family members or children. The researchers were not satisfied with the term "surrogates" used in the previous research; instead, they prefer the term "proxy seeking" which signifies the meaning of the study through interaction and proximity. In this regard, the term “proxy OHIS” (Proxy online health information seeking) is

defined as the behaviour of obtaining information and interactive health communication in order to receive or provide guidance on a health-related topic for another individual (e.g., child, parent, grandparent, friend, neighbour, etc.).

Bianco, Zucco, Nobile, Pileggi, and Pavia's (2013) cross-sectional study on parents seeking health-related information online was based on questionnaire responses provided by 1039 parents. Thus, 84.8% of participants used the Internet to search for medical conditions for themselves or for proxies. Respondents searched for 40.7% diet and physical activity information, 29.6% vaccines, 29.5% screening programs, and 16.5% smoking cessation tools and products. Participants were more likely to be female and hold a high school or college diploma. According to the results, patients with chronic conditions were more satisfied with the health-related information they received from scientific journals than from their general practitioner.

In Goldsmith's (2021) research example, the parents of autistic children wrote blogs on their experiences, which led them to advocate for autism acceptance in the early 2000s. Their allying with the autism acceptance movement is characterized by five clusters of activity they engage in through blogging about the ups and downs of their everyday lives: advocating for inclusion and accommodations; focusing on the family in order to personalize autism; providing social support for parents, children, and advocates of autistic children; educating readers about autism acceptance; and demonstrating their own growth.

By examining these practices in this specific context, we gain insight into the potential and challenges of online maternal activism.

2.2. Women's role in wellbeing and prosuming health information on the Internet

Research shows that in many cultures as it is in Turkey, women, no matter conferring as girlfriends, spouse, partners, are responsible of monitoring and directing family members, including men's health about health-related issues. Investigation about why men are less likely to go to a doctor, shows that it is mostly gender issue; there are men shaming talking about their illness even during the diagnosis until it becomes really problematic (Yasgur, 2021). An insurance company survey as a

complementary verify, puts forward that with 56% of the attendants, women in men's life are the strongest influence motivating men to ask for a medical help (Aflac, 2021). The question is, how do these women deal with becoming mothers? Is caregiving likely to shape the family?

Simone de Beauvoir (1964; Çeler, 2013) says that the family is a social institution and that femininity and motherhood are social and cultural constructs that cannot be explained by natural impulses. Stating that the identity of motherhood may be the most important of the intersections between the social and the individual, Bora (2001) reveals with her research how the perception and practices of motherhood can change even between two generations.

SoundVision (2023) indicates that there are approximately 2 billion mothers globally, with 140 million new mothers added each year. These statistics provide a quantitative assessment of the scale of motherhood and the continuous inflow of new mothers into the global population it is predicted that soon 80 percent of new mothers will soon belong to the Millennial and Gen Z generations, relying heavily on the internet for parenting advice (Weber Shandwick, 2013; Spitznagel, 2020). This demographic shift reflects a changing generational dynamic and their preferred source of information for childcare that we can summarise as below:

Education Levels of Millennial and Gen Z Mothers: Millennial and Gen Z mothers have the highest education levels in the workforce (Carter, 2022). This statement highlights the academic achievements of these mothers, which may influence their approach to parenting and the resources they seek.

Priority on Being a Good Mom: Livingstone (2018) claims that being a good mother is the top priority for Millennial and Gen Z mothers. This emphasizes the significance they place on their role as parents, potentially influencing their choices and behaviours. However, long lists can be written for being a good mother is associated with the well-being of the baby while mothers have traditionally been expected to fulfil their maternal responsibilities and prioritize the welfare of their children (Lead Academy, 2023; Tunç, 2019).

Importance of Health Information for Baby Care: The critical role of obtaining health information for baby care and making informed decisions for these modern moms. This is crucial as it highlights the need for accurate and

reliable health information sources to ensure the well-being of both mothers and their infants.

In the first year of a baby's life, they naturally likely to live an extension of their mother. In spite of the fact that mothers have the opportunity to monitor their babies 24 hours a day, they integrate their experiences and generate meaning from the information they have gathered through different sources, most commonly the Internet. As well as providing psychological and social support, this experience can also assist new parents in the process of adjusting to parenthood (Unlu, 2020).

Mothers are also likely to share and support what have learned with others (Brendt, 2014). Some mothers write blogs to share their experience and investigations with others, are called “Blogger moms”. As Campbell & Lamoreux (2020) point out, blogger moms provide mothers with confidence that they are not alone when experiencing difficulties with their children. Therefore, everyone can cope with the terrible twos, angsty preteen years, and disruptive teens; “These are the moms telling their stories for all the world to read, giving you reasons to laugh, cry, and get up to parent another day.”

According to an investigation of mother blogs, they contain warnings about how to raise a child, but their messages do not explicitly provide health information. Whenever they share health information, they also include a professional reference (Öz & Turancı, 2015). Gürçayır Teke (2014) emphasises that, women writing motherhood blogs are generally well educated, digital literate, qualified employees. In other words, it is a form of online diary keeping that allows us to observe how postmodern women deal with becoming mothers.

74% of consumers rely on social media to making a purchasing decision (Masroor, 2015) The internet is also used by mothers to find information on the most suitable products (Campaign Türkiye, 2017). Because of that, there are so many brands using blogger moms or Instagram moms as an advertisement opportunity. This is critical for brands as word-of-mouth representation, thus, needs to be considered indirect marketing (Öz & Turancı, 2015). As a result of reading about a brand on these platforms, mothers are able to develop a conceptual understanding of that brand. Therefore, direct-to-consumer marketing seeks to reframe consumers' perceptions of

their problems into conditions that can be treated with medication rather than simply selling particular products (Maturo, 2012). Consequently, as Gülmez (2021) stated, mothers were intrigued by everything from the children's clothing shown in these accounts to the products used, and this turned phenomenal mothers into advertising tools.

New motherhood vision is supported by the media with magnificent mother figures as well as mother-child magazines and parenting books (Gülmez, 2021). Badinter (2011, p. 69) draws attention to the fact that the media has delegated its watch to child psychiatrists and paediatricians; now it is their job to teach women how to decipher the baby's shouts, facial expressions, and movements from birth and to communicate with them. The Super Mother Syndrome which describes the depression experienced by mothers at the end of this whole process, women who are determined to achieve excellence in their careers, maintain meticulous housekeeping and order, and strive for the best education for their children, was the main challenge of maternity found in research from Turkey (Gülçayır Teke, 2014; Aktaş, 2019; Aydoğan, 2019; Gülmez, 2021).

While mothers are forced with remorse to take care of the baby instead of working almost three years, men do not have to do so even though the state grants them legal parental leave rights (Badinter, 2011). In contrast, in countries where paternity is primarily associated with bringing money home, such as Turkey, 50% of fathers reported that their children never took them to the toilet, 36% never changed their diapers, and 35% never cut their children's nails (AÇEV, 2017). It must be noted, even though, that in the 21st century, (postmodern) motherhood stretches between medicalization and modern-day routines that enable women to create their own ways and webs to raise healthy children.

Combining all together, being a mother is more challenging than ever before while motherhood has become a full-time professional job of raising healthy kids (Badinter, 2011). Mothers should bring all the information together to find a path that fits best their child. Because, while medicine is creating new realities, practices and speeches that frames new ways for individuals to understand, regulate and experience their bodies and feelings, a child treated with medication may not be allowed live

through his/her childhood freely to develop “its own singularity” (Caruso, 2020). Therefore, for these women, it is so critical for them to have healthy well-educated kids -like their mothers- as a very important aspect of dealing with the current world situation (Bora, 2001).

2.3. Concerns about health information seeking online for children

There are several critical concerns associated with seeking health information online for children. The first and most crucial concern is related to *health literacy*, emphasizing the importance of parents and caregivers possessing the necessary knowledge and understanding to interpret and apply the information they find on the internet. The second concern relates to the *influence of parents' beliefs and attitudes* when making medical decisions for their children, underscoring the potential impact of these factors on the choices parents make based on online information. The third concern, *being late from an avoidable stage*, draws attention to the potential consequences of delayed or missed opportunities for timely intervention or treatment, which can result from hesitations or misinterpretations stemming from online health information. Lastly, the fourth concern highlights the potential for *increased parental anxiety* brought about by the vast amount of information available on the internet, emphasizing the need for proper guidance and elaboration when navigating online resources.

The issue of health literacy is always on the agenda due to the complexity of illnesses and the use of medical jargon. Some patients may experience problems not only with information obtained from the Internet, but also when communicating with a doctor in person or reading prescriptions. In addition, low health literacy people are increasingly accessing health information through the internet rather than through TV, radio, or contacting a health professional (Chen, et al., 2018). In spite of this, the OECD report on Health Literacy (OECD, 2018) indicates that the old paradigm of "because the doctor said so" is being challenged by individuals who are seeking information about their health options, wishing to take greater control of their health decisions, and seeking information in this regard. However, it is not that easy due to medical jargon, unclear drug instructions, and clinical complexity.

There are ethical concerns regarding parental decision making, such as parents' ability to criticize medical information and their willingness to make medically appropriate decisions out of religious beliefs. Due to these concerns, there are also laws that limit the rights of parents in certain situations (Black, 2006). Cancer treatments, vaccinations, circumcisions, euthanasia, and other issues can be discussed in light of these debates. On the one hand, these are issues that ought to be seen as safeguarding the public interest, while on the other hand, these are ideological apparatuses of the state as part of biopolitics.

The third concern relates to being late for an event that could have been prevented. Researchers from the American Academy of Paediatrics (Blair, 2017), conducted a study among 1385 parents with a pretended scenario of a child suffering from rash and fever for more than three days. In the research findings, it was concluded that Googling a child's symptoms could lead to mistrust between a parent and the doctor, and also a delayed diagnosis. However, this study also revealed other important points:

- Parents tend to seek a second opinion when a serious illness is suspected rather than relying on a troubled scenario.
- Parents were more likely to trust their doctor when the information from the Internet is consistent with the information from the doctor. In this case, the internet or a physician could be used as a second opinion, as more than half of the participants indicated they may do so. The question is, which comes first; the internet or a paediatrician?

The fourth concern identified a as the anxiety associated with seeking health information on a frequent basis through a study conducted by researchers from the American Academy of Paediatrics (Blair, 2017). It has been correlated *cyberchondria* which is characterized by excessive or repeated searches for health-related information on the Internet (Starcevic, 2017). Research that examined the relationship between health anxiety and searching for health information online revealed significant relationships between health anxiety and the frequency, duration, distress and anxiety associated with searching for health information online (Muse, McManus, Leung, Meghreblian, & Williams, 2012).

It is also possible for mothers to feel inadequate and anxious as a result of social media. According to a Refinery29 survey (2019), 82% of women compare themselves online to other moms, and 69% of them experience insecurity about motherhood as a result of social media. No matter what, being a woman, a mom must care for her newborn, do housework, and work in a career; social media shares of other moms and their children can cause inadequate, or super mom syndrome. It is a form of tyranny over mothers which causes them to become depressed and ill. While psychologists warn digital moms about inadequate/super mother syndrome, it is advised to do what you can, and spend your time with the kids as effectively as possible instead of trying to be the super parent (Alkaş, 2010; Yavuz, 2016; Sayım, 2017).

Overall, these concerns emphasize the importance of informed and responsible online health information seeking when it comes to the well-being of children. Restricting access to health information, rendering it incomprehensible with medical jargon, or impeding the flow of information constitutes one of the most detrimental actions that can be taken in this context. Such interference places barriers in the way of reliable dissemination of information to the public, hindering the ability of individuals to make informed health decisions. Instead, a more effective approach involves presenting scientific knowledge to the public in an understandable and accessible manner through a multidisciplinary perspective.

Summary

The use of the Internet has become an essential part of people's daily lives in Turkey, as it is throughout the modern world, for information gathering, socializing, and enjoyment. As internet usage continues to proliferate globally, understanding the trends and statistics associated with online activity is crucial. It has been observed that although the use of the internet has grown equally among men and women, there are differences in how they choose online platforms and the types of information they seek that should be seen as their gender-specific needs.

In today's digital age, parents play a pivotal role in accessing health information for their children online. Parents as prosumers, actively seeking and contributing to the online health discourse, health-related content, and shaping a collaborative and

informed community a on the internet. However, women play a significant role in the well-being of children and exploring their involvement in seeking and disseminating health information online about their babies as the primary care givers.

When it comes to health issues affecting children, parents are the ones primarily responsible for making decisions and carrying out actions. However, some studies focus on illiteracy, some studies show that people can delay emergencies. In addition, there are debates about the inability of families and the resulting level of anxiety for parents. The parents are the gatekeepers of their children's health information. Thanks to ubiquitous learning facilities via the Internet, parents are able to receive tailored health information that they can decide among different options.

In summary, this part navigates the multifaceted aspects of online health information seeking for children, ranging from the overarching internet usage statistics to the nuanced roles of parents and women in shaping the digital health landscape. Additionally, it explores the concerns surrounding the quality of online health information, particularly in the context of children's well-being. This part is significant for this research while examining women's decision-making process.

CHAPTER 2

METHOD

PART 1: RESEARCH FRAMEWORK

This section explains how the research framework is determined. Research frameworks are typically determined by considering the research objectives, methodology, and the data required. It should also be based on the researcher's experience and familiarity with the topic. This framework serves as the structure upon which the study is built, organizing ideas and concepts.

1. Problem Statement

There are multidimensional globalization and infordemi issues about health-related matters from formal to informal sources with cultural to economic backgrounds. The Internet is an open-source medium for literate people at every level within the light of a democratic environment. An infant is not only a new member, a new lifestyle for a family, but also, a new individual for society. Thus, from the mother to the government, everyone tries to decide on the baby's wellness. However, for this study, will be put on the table, health perceptions, beliefs, and attitudes among mothers in Turkish society, finding quality health information online, and bringing them all together, mothers' decision-making struggles about their babies' health through the internet under these circumstances.

2. Objective and Research Questions

The objective of this research is to explore the challenges, opportunities and consequences of mothers' online health information seeking behaviour and their decision-making process. Specifically, we aim to investigate the following research question: How are mothers' decision-making processes regarding their babies tailored

with online health information seeking considering challenges, opportunities, and ramifications? We want to see through this objective that;

- a. What are the main challenges mothers face in terms of health-related issues for which they seek support on the Internet concerning their babies?
- b. As mothers contemplate their expectations of a "good child doctor," how does the Internet contribute to fulfilling these criteria?
- c. How do mothers determine which information is suitable for their babies, and what role does the Internet play in this decision-making process?
- d. How do mothers perceive the Internet as a source of health information? How are information seeking and sharing perceived? Would they recommend everyone to use it for health decision-making?
- e. In order to ensure a better online health information providing environment, what can be done?

3. Hypothesis

The fundamental hypothesis of this study posits that, aside from emergency situations, the treatment of illnesses, the processes of recovery, and well-being involve a broad and profound array of methods encompassing cultural values, personal attitudes and beliefs, as well as material and spiritual resources. Therefore:

- a. In order to empower individuals in their decision-making processes, health information should be presented to them from as wide a perspective as possible, incorporating causal relationships.
- b. Individuals should be left free in their choices.
- c. The internet provides ubiquitous accessibility for informing individuals about health-related matters, facilitating decision-making, and offering opportunities from various perspectives.
- d. Own diagnoses, treatments, symptoms and so on can be compared with many others and different sources help choosing a more personal path toward a better outcome.
- e. Since the existing health system cannot always provide these opportunities, people try to find a way to meet their own health demands, and in this sense, they create their own health culture.

4. Assumptions

This study is positioned based on the following assumptions derived from the literature review of the research:

- a.** Information seeking is taken account as a purposeful and goal-orientated activity.
- b.** Active information seekers, especially the ones who act on according to the gathered information tend to confront problems, engage in preventive behaviours and seeking for prompt treatment.
- c.** People learn not only from their own experiences, but by observing others' actions and the benefits of those actions.
- d.** Unless people feel that they can exercise control over their health behaviour, they are not motivated to act, or to persist through challenges.
- e.** Health is not something that can be attributed solely to medical professionals. It is something that is shaped by social environments and by individuals as self-health constructors.
- f.** Not only social policies and the environment determine people's decisions and behaviour, but individuals also have the power to determine social policies and social-environmental conditions. All of them interact with each other.

5. Scope and Limitations

Turkish mothers seeking health information online with babies younger than 12 months are included in this study based on their statements and voluntary participation.

The research has the following limitations:

- a.** Diaries: 10 mothers with babies under 6 months who applied to participate in the research kept diaries for 6 months.
- b.** Interviews: 10 mothers whose babies are between 6-12 months old and who applied to participate in the study are interviewed.
- c.** Facebook groups: Parental social groups on Facebook that are used for seeking advice about topics related to children, such as, how to choose toys, breastfeeding problems, doctor preferences, treatment options, side effects, and so on, are included in this study.
- d.** Only mothers from Turkey are included in the study.

- e. The study excludes mothers of babies with chronic or serious diseases.
- f. Mothers who oppose the use of online health information are excluded from the study.

6. Operational Definitions

Baby care: There are many aspects that go into caring for a baby, including the baby's sleeping habits, the baby's products, the baby's clothing, and learning about baby care and getting support.

Baby's health: When considering a baby's health, factors such as routine health checks, vaccinations, diseases, symptoms, and emergencies must be taken into account as well as all baby care efforts to ensure the well-being of an infant.

Cyberchondria: Extreme online searches for health-related or medical information and a sense of anxiety about having a disease.

Decision making process: It refers to the whole process of applying information gathered from various sources in a mother's daily life in order to keep her baby healthy.

Disease: Medically defining a feeling of physical or mental distress as a symptom.

Environment: The environment in which a baby grows includes a number of factors, such as the structure of the house, the chemicals found in the air, the availability of clean food, the exposure of the baby to sunlight, the presence of green areas and playgrounds, and the hygiene of the baby's environment.

Health information seeker: Individuals looking for health information through the internet for themselves or their babies.

Health information prosumer: Health information seekers, individuals seeking advice, individuals who post comments on health-related topics, individuals who write blogs, and administrators of social media and websites.

Health literacy: A person's ability to understand and use information to make health-care decisions.

Illness: Feeling of physical or mental distress.

Internet: Any kind of online platform that health information is given, shared, asked; social media, websites, online libraries, personal webpages, blogs, and so on.

Mother: Mothers subjected to this research, have a baby under 12 months and state that seek for online health information actively for their babies.

Nutrition: Baby feeding decisions, breastfeeding, bottle feeding, introducing solid foods, nutritional supplements, allergies, and intolerances, and so on.

Parental decision-making process: Embodies the factors affecting parents' decision-making such as personal preferences, cultural beliefs, financial status, work schedules, parental relationships, and child-rearing styles.

Patient: An individual who needs health information regardless of whether they have a disease. In this research, this person is also known as a health information seeker and they can benefit from using health-related websites and applications to find the information they need.

Power: The capacity of a social actor to influence in an asymmetrical manner the decisions of other social actors in such a manner as to benefit them as power actors. Furthermore, the construction of discourse that shapes people's behaviour is influenced by dominance.

Wellness: Personal perception of health; feeling good.

7. Significance of Research

The significance of this research lies in addressing several critical gaps in understanding the dynamics of individuals' online health information seeking behaviour and its impact on decision-making processes. Despite the paradigm shift in patient culture and the way health is approached, there is limited knowledge about why even healthy individuals engage in seeking health information online, their specific information needs, how they utilize the gathered information, and the influence of this information on their decision-making process. While there is a substantial body of research on online consumer behaviour, studies investigating online health behaviour and its consequences, particularly through qualitative approaches, are relatively scarce. Moreover, there is a notable lack of literature on individuals' online health information seeking behaviours for their proxies or parental decision-making related to healthy babies, both in English literature and non-western countries, including Turkey, where such practices are prevalent. Furthermore, there is a lack of understanding regarding the motivations behind sharing personal experiences and knowledge related to health, and the importance of such sharing for others. Additionally, little research has focused on how policymakers can effectively facilitate health communication in the digital realm for them. This dissertation aims to shed light on these issues and hopes to pave the way for further research in this important area of study.

PART 2: RESEARCH DESIGN

At the tip of the iceberg, we see that mothers are searching for online information about the health of their babies. Our aim is to dig beneath the surface of why mothers need this information and how they use it to make decisions. Thus, this study is grounded in the factors framed in Socio-Ecological Model of Health. This model is based on the fact that a health issue can be addressed not only by health institutions, but also as a social and ecological whole. This study is conducted using Grounded Theory to obtain a deeper understanding of the subject, and a Triangulation Method to ensure we see the facts from a broader perspective.

Grounded theory (GT) was developed by Glaser and Strauss from a field observational study of Hospital Staff's handling of dying patients in the early 1960s (Glaser & Strauss, 1967; Strauss & Corbin, 1990). It is required of the researcher to be concurrently involved in data collection and analysis within the research process. Instead of moving toward hypotheses and theory, creating analytical codes and categories from the data, comparing them all with the literature and aiming to develop a theory at each step (Berterö, 2012). Thus, representativeness is not the first issue here. There is a need for the development of piquant questions. In the grounded theory approach, all processes need to be explained in detail. However, methods are developed and change in response to changing work contexts until a deep and satisfying meaning of the work is found (Strauss A. L., 2010). Memory writing, interviews, field observation, focus group studies and so on could be the tools for collecting data for this purpose. There are three types of grounded theory approaches: Classic, Straussian, and Constructivist grounded theories (Santos, Cunha, Adamy, Backes, & Sousa, 2018). Here is how they differ, and the following table shows how grounded theory differs from other approaches:

Classic grounded theory: This approach was developed by sociologist Barney Glaser and medical sociologist Anselm Strauss (1967). A classic grounded theory involves systematically analyzing data to determine key concepts and categories that explain a social phenomenon. It is important for a researcher to begin with an open mind so that the emerging theory can be guided by the data.

Straussian grounded theory: This approach was also developed by Anselm Strauss (2010), but it differs in several ways from classic grounded theory. Based on the Straussian framework, data collection and analysis are more structured. Preexisting theories guide the collection and analysis of data, and researchers develop concepts that are more clearly defined and categorized.

Constructivist grounded theory: It was developed by Kathy Charmaz (2006) and is based on a subjective, interpretive approach to data analysis. The constructivist grounded theory explores how people construct meaning and reality from their experiences. In order to develop a theory grounded in participant experience, the researcher works closely with participants to understand their perspectives.

Table 2.1. Common and differentiating aspects of GT

Common Characteristics	GT approaches	Differentiating characteristics		
		Philosophical basis	Use of Literature	Coding system
- Theoretical sampling - Constant comparative analysis - Memos - Substantive theory vs. formal theory	Classic	Moderate positivism	Only at the end	Original to discover the theory
	Straussian	Post-Positivism and Symbolic Interactionism	Throughout all stages	Rigorous to create the theory
	Constructivist	Constructivism and Symbolic Interactionism	Throughout all stages and compiled at the end	Open to develop the theory

Source: Santos, J.L.G. et al., Data analysis: comparison between the different methodological perspectives of the Grounded Theory, 2018.

For the research question we have stated, "How are mothers' decision-making processes regarding their babies integrated with online health information seeking considering challenges, opportunities, and ramifications?" the most suitable grounded theory approach would be the Straussian Grounded Theory (SGT). Because, The SGT approach differs from classic grounded theory and constructive grounded theory in that it emphasizes the appropriate use of literature throughout the entire research cycle, offers a codification paradigm for guiding systematic coding, establishing relationships between categories, and identifying the central category (Sun, et al., 2022). Although there is no theoretical model directly related to our subject, the pre-existing research results related to health information seeking, health communication theories and models, and parenting issues provide important conceptual references for our research framework, data collection and analysis. By analysing the data

systematically, we will be able to develop a new theoretical framework that explains the integration and the challenges, opportunities, and ramifications associated with it.

1. Research Field

Our goal is to examine mothers' online health information-seeking behaviour and their decision-making process from a multidimensional perspective in order to identify challenges, opportunities, and consequences. The Social Ecological Model provides critical insight into how one's health can be influenced by a variety of factors such as individual, interpersonal, institutional or organizational, community-level, and public policy factors (McLeroy, Bibeau, Steckler, & Glanz, 1980; NIH, 2014). In order to address these factors together, we should deal with the issue within a variety of fields until we find a satisfactory answers. As a result, we will start by examining mothers' social networks on Facebook. Then, we will also employ personal experiences documented through diaries maintained by mothers, and support them through pre- and post-interviews. Additionally, in-depth interviews with mothers will be conducted to establish a comprehensive understanding of the subject.

1.1. Triangulation as a research method

A comprehensive design can be assured with a triangulation method. It basically means supporting the research subject with at least three different observation methods. Berg (2004) conceives it like this: “Researchers obtain a better, more substantive picture of reality; a richer, more complete array of symbols and theoretical concepts; and a means of verifying many of these elements” by combining several sights. The advantages of triangulation in research can be summed up as promoting rigor, validity, and comprehensiveness in research (Berg, 2004; Berterö, 2012), and you can find the details as below:

Increased validity: By reducing bias and enhancing reliability, triangulation enhances the validity of research findings. Research findings can be cross-validated and corroborated by using multiple sources or methods. It ensures that the findings are not solely dependent on any one source or method, so errors and limitations are reduced.

Comprehensive understanding: Using triangulation, researchers can gain a deeper understanding of the topic. Using a variety of sources and methods can provide complementary insights and perspectives that enhance the overall understanding of a phenomenon. By considering different angles and dimensions of the research topic, it captures the complexity and multifaceted nature of it.

Confirmation and convergence: Using triangulation, data from different sources or methods can be compared and contrasted to confirm or converge findings. Consistent findings from multiple sources or methods strengthen the credibility and reliability of the findings. As a result, researchers are able to draw more confident conclusions and interpretations.

Addressing limitations and biases: It is possible to mitigate the limitations or biases associated with a single source or method by triangulating information. Researchers can gain a better understanding of a phenomenon by combining sources and methods that have strengths and weaknesses, but each has its own limitations, which can be offset by combining them.

Enhancing theoretical development: Through triangulation, diverse perspectives can be incorporated into theories or frameworks. As a result, researchers can uncover new insights, theories, or conceptual frameworks about a phenomenon.

1.2. Chosen fields for triangulation of this research

The triangulation method will be applied to enrich our research. In order to accomplish this, we will examine social media interaction within parental Facebook groups, require 10 mothers to keep diaries for 6 months, support these diaries with pre and post interviews, and also, we will make in-depth interviews with another 10 mothers. Scheme for triangulation of this research can be seen below.

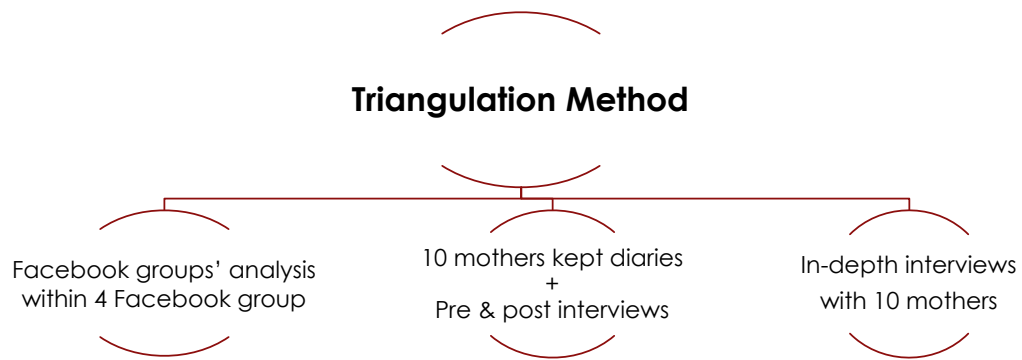


Figure 2.1. Triangulation of the research

1.2.1. Social media interaction:

We can find a wide range of information for our research from examining social media interaction. Because as it is explained in Castells' thoughts (2009; 2013), digital networks enable individuals and groups to communicate, exchange information, and interact, thereby influencing the social, economic, and political structure of society. Through social media, mobile communication, and the internet, individuals interact within a broader network. In response to these changes, traditional communication channels, such as newspapers and television, have undergone significant changes, as well as a shift away from strong centralized authorities towards decentralized communication structures. Internet and social media provide individuals with opportunities to develop a sense of belonging and construct identities within a variety of communities. As a result of social networks, it is easier to connect with global networks as well as express multiple identities. The availability of information and communication capabilities has an impact on the dynamics of power between individuals and groups. Additionally, it facilitates the emergence of new forms of collective action, such as online activism and social movements.

In terms of social media channels, we chose Facebook. Because, in Turkey, Google, YouTube, and Facebook are the most frequently visited platforms (We Are Social, 2022), and Facebook is the one provides instant interaction, Q&A, multimedia sharing, and user expression among them.

1.2.2. Keeping diaries:

It is a method of qualitative research in which participants record their thoughts, experiences, and reflections in a diary or journal (Strauss & Corbin , 1990; Berg, 2004). As a self-reflective tool, it provides individuals with the opportunity to document their daily activities, emotions, perceptions, and insights. Participants are often provided with specific prompts or guidelines to help them focus their entries on a particular theme or research question. As an alternative, participants may write about any topic or experience that they deem appropriate.

There is no doubt that the first six months of a baby are one of the most important times in their development. This period of time is critical for a baby's physical, mental, and emotional development, as well as for the family in terms of adjusting to the baby and providing child care (Mayo Clinic, 2014). For understanding their instant feelings and perceptions, 10 volunteer mothers with babies under 6 months of age are going to keep diaries during the study.



Figure 1.2. An example of the notebook

The research will unfold in three distinct phases: the pre-interview, the diary-keeping phase, and the post-interview. The first stage is a pre-interview process, followed by the distribution of small notebooks with guidelines on the first page for diary entries by volunteer mothers. In these guidelines, we will outline what content mothers should include in their diaries. Second, the mothers are asked to keep these diaries over a period of six months. Participants will be informed that they can

contact the researcher with any questions or additional requirements during this period. Once the diaries are retrieved, a post-interview procedure will be conducted, aligned with the information recorded as the final phase.

1.2.3. Interviews with mothers:

This time, our focus will be on mothers with babies between 6 and 12 months old, their experiences seeking health information, and perceptions of decision-making

process. We will conduct this procedure using a semi-structured interview form with in-depth interviews.

In semi structured interviews, a general list of questions or topics is selected by the researcher; however, the format remains the same (Strauss & Corbin , 1990; Berg, 2004). These questions are based on research objectives and focus points for understanding participants' experiences. During the interview, flexibility can be displayed based on the responses of the participants and in-depth explorations can be conducted by asking new questions. In this session, participants are encouraged to recount their experiences, express their feelings, and share their own stories. Thus, the researcher can gain a deeper understanding of the research question and find more accurate answers. Therefore, our purpose in conducting these interviews is to gain a deeper understanding of the challenges mothers face during decision-making and how they overcome them.

2. Sampling Procedure

This study is limited to the first year of babies. Therefore, based on their statements and voluntary participation, Turkish mothers seeking health information online with babies younger than 12 months are included in this study. We choose parental Facebook groups based on their ability to deliver health information regarding major issues regarding a baby's first year. We have defined sampling in this way for this research for the following reasons:

2.1. Reason for choosing mothers among parents

This study examines the first year of a baby in mother's life. Because in the first year, both mother and baby adjust to their newly assigned roles (Mayo Clinic, 2014). In a fatherhood study conducted in Turkey (AÇEV, 2017), it was stated that 91% of fathers believe that "mothers are responsible for the care of the children." According to another research study providing gender statistics in Turkey (TSI, 2021), for the care of young children, it was reported that 86% is the mother, 7.4% is grandmothers, 2.8% is nursery or kindergarten, 1.5% is nannies, and 1% is indicated as having more than one day-care. Fathers were not even included in the list. Based on

this information, the focus has been placed on mothers as decision-makers regarding the care and health of the baby.

2.2. Reason for limiting the study with babies' first year

The reasons for emphasizing the first year of babies are as follows: Babies are the future of the generations, even though they are unable to speak or have choices. Hence, if the baby's parents exist, they are the primary deciders and caregivers. According to a paediatrician, Prof. Dr. Hilal Mocan (2013), the age range of 0-1 is crucial in terms of human life: It is a period where every aspect of the baby, including their personality, development, mental performance, stomach, lungs, and brain, is vital, and there is no turning back, necessitating the taking of correct steps, making right decisions. Therefore, the first year of a baby is regarded as a period of time when the baby must be under constant medical supervision in Turkey. According to Baby and Child Inspection Protocol of the Center of Family Health (ASM, 2017), a baby should be inspected on its first 48 hours, on 41st day, on 2nd, 3rd, 4th, 6th, 9th, 12th months even if they are completely healthy.

2.3. Choosing Facebook groups

For Facebook analysis, we saw that health-related issues in babies first year can be divided into three categories: nutrition, vaccination, and any other health-related issues that may arise.

Our study examined four popular Facebook groups from these categories to determine how parents, especially mothers, are coping with their babies' health problems. In total, four groups were identified, namely, *Breastfeeding Art/Breastfeeding problems and solutions*, *Baby Led Weaning (BLW)* are chosen as samples for nutrition; *I am not obligated to vaccinate (NOV)* is for vaccination, and *Searcher Mothers* is an example for any other issues that mothers discuss about their children. A variety of factors were taken into consideration when choosing these groups. These factors include items mentioned in mothers' diaries, Turkish medical regulations, and the popularity of mother groups on the Internet.

2.4. Employing mothers to keep diaries and to interviews

A call text¹ requesting mothers to participate in the study was published on selected Facebook platforms abovementioned. Aside from this, the friends of participants who heard about the research via the snowball method could also be included in the research if they met the selection criteria. In this manner, 10 mothers with babies under 6 months who applied/accepted to participate in the research kept diaries for six months, whereas 10 mothers whose babies are between 6-12 months old are interviewed.

In qualitative research, small samples are generally preferred, as it is aimed to understand the research focus in depth and to collect rich data (Berg, 2004). For this reason, 20 participants were deemed appropriate to keep a diary and to interview with.

3. Analysis Procedure

Straussian grounded theory techniques are chosen for coding procedure in this research (Strauss & Corbin, 1990). We looked for what kind of answers we can find in each research field in open coding procedure. Separate observation forms and created based on research questions within axial coding procedure. In the selective coding phase, narratives are created from each category in response to the research questions. All data is analysed by evaluating with the relevant literature. The process of each phrase can be seen in the *Figure 2.2*.

Since grounded theory is based on the inductive method, a literature review will be conducted throughout the research to explore the socio-cultural and environmental factors behind all this data, as well as data analysis within this framework. Based on this design, we dig for answers to the research questions and bring them all together to describe the new patient culture around changing dynamisms.

This study simultaneously conducted three distinct investigations to ensure triangulation reliability and validity. In each project, observation and analysis procedures were diverse, offering different perspectives on the fundamental research

¹ Detailed information can be found in the appendix.

questions. Consequently, it was deemed necessary to elaborate on these processes in their respective sections. Therefore, in the *Findings and Results* section, the participants who involved in the research, the observation questions concerning the research topic and research questions, and the way they thematically coded will be discussed in detail.

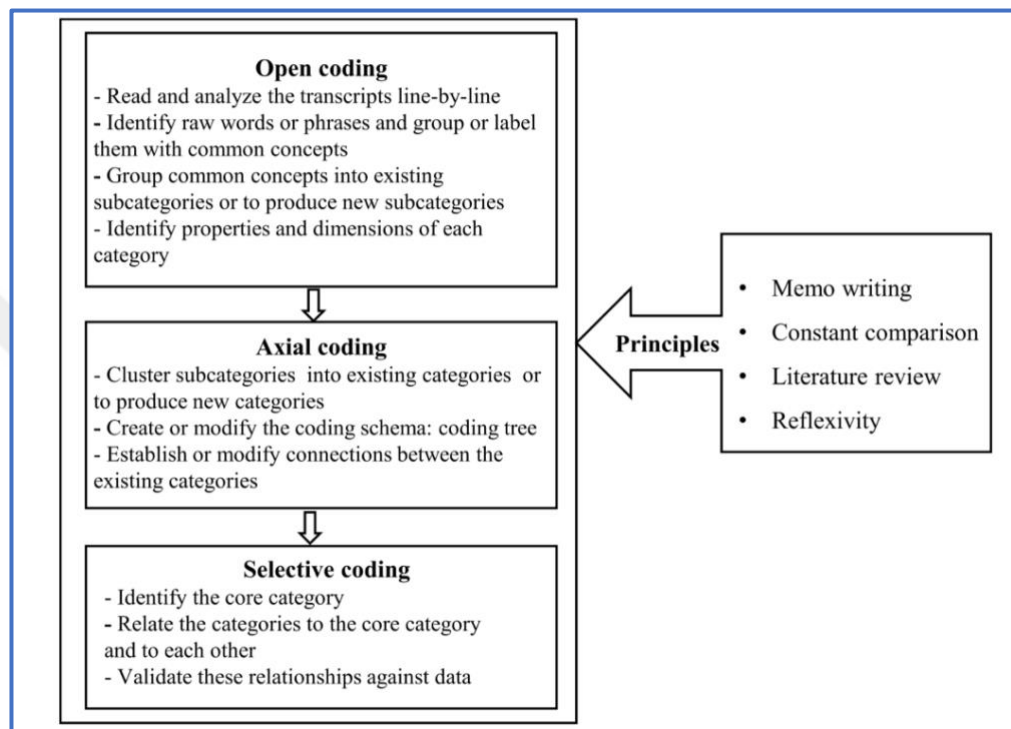


Figure 2.3. Steps of data analysis in accordance with SGT method

Source: Sun, et al., Developing a framework for understanding health information behavior change from avoidance to acquisition: a grounded theory exploration (2022)

4. Ethical Considerations

Ethical considerations are important in research due to the fact that research involves people, and it is critical to ensure that the rights of the participants are respected and that their data is kept secure and confidential. This rigor also ensures that the research is conducted in a fair and unbiased manner and that any data collected is kept confidential. The following are the ethical principles applied to the study:

- a. Names used in the coding of the selected messages in the Facebook analysis are not included in the research report.
- b. A call text requesting mothers to participate in the study was published on selected Facebook platforms mentioned above. After that, mother

participants volunteered to the research themselves. Aside from this, the friends of participants who heard about the research via the snowball method could also be included in the research if they met the selection criteria. Every participant was provided with detailed information regarding the study's type and subject. An audio recording was made of their willingness to participate in the study. They were assured that they would be able to obtain information about the progress of the research as well as terminate it at any time. The names of participants and children were also changed and coded.

- c.** Due to the fact that some of the participants were unable to meet face-to-face during the research, all consents were obtained by means of voice recordings.
- b.** Participants' declarations are accepted as true for the accuracy of the information provided.
- c.** In all cases, the websites, social media groups, and interviews were conducted in Turkish, and Turkish-English translations were made by the researcher, E.B. Karbay Çilli.
- d.** The researcher experienced childbirth twice during the course of this study, providing a unique opportunity to closely observe and interpret the subject matter. Nevertheless, it is crucial to note that the researcher's impartiality toward the topic was highly endorsed by the advisory team, including the advisor, Assistant Professor Michel Bourse, as well as the jury members, Professor Dr. Halime Yücel and Professor Dr. N. Serdar Sever.

CHAPTER 3

FINDINGS AND RESULTS

PART 1: ANALYZING FACEBOOK MOTHER GROUPS WITHIN THE “DOCTOR” MATTERS

This section examines four Facebook groups to gain a better understanding of the challenges faced by parents, especially mothers when managing their babies' health concerns. Here you can see how Facebook analysis is conducted, what findings are obtained, and how they relate to the study.

1. About the Facebook Groups

As part of the research, health-related issues during a baby's first year of life were analysed on Facebook and categorized into three main areas: nutrition, vaccination, and other potential child-care concerns. Researchers examined the experiences of parents, particularly mothers, in dealing with these issues. Four prominent Facebook groups were selected for the analysis: Breastfeeding Art/Breastfeeding Problems and Solutions, Baby Led Weaning (BLW), I am Not Obligated to Vaccinate (NOV), and Searcher Mothers. Based on the insights derived from mothers' diaries, Turkish medical regulations, and the groups' popularity within the online motherhood community, these groups were selected.

1.1. Nutrition: “Breastfeeding Art” & “BLW Turkey”

Basically, it's about discussions about how to feed a baby. As a daily habit that is combined with instincts and culture, it may seem very simple when you think about how natural it is. Further, mother's milk is always ready for a baby; you don't have to prepare anything for a couple of months. If you ask the new parents, especially mothers, about it, you realize that nourishment at the very beginning of life isn't that easy.

We divided the nutrition of the baby issue into two groups based on diary notes and Internet research: breastfeeding and solid food introduction. Two Facebook groups can be explored to address the main nutrition problems for the first year, as well as mothers' stress, and information gaps, namely "Breastfeeding Art" and "Baby Led Weaning (BLW)". They are also closely related since they both stress the importance of breastfeeding as long as a baby requires it.

About “Breastfeeding Art/Breastfeeding problems and solutions” (BFA¹)

<https://www.facebook.com/groups/emzirmesanati/>

The group was formed with the permission of La Leche League on the 23rd of December 2016. The group is closed and there are two conditions for joining. It is the first rule of being a woman and the second rule of reading the rules. Below are the terms of the rules:

“In order to join our group, please fill out our form and then apply for membership. Applications without filling the form are NOT accepted. Male members are not accepted

<https://docs.google.com/forms/d/e/1FAIpQLSdE0Nb19DZCpb77DskhGXZFY9RjUziPJx5cvm84W5pF1r7DgQ/viewform>

Our group name was inspired by the book “The Art of Breastfeeding” published by La Leche League and it was used as the permission from the institution. Our group adopts LLL principles. But we do not have a managerial link.

The primary aim of our group is to provide breastfeeding support and to provide as much information as possible.

* We do not recommend Mama, medicine, unnecessary pump / milking, pacifier and baby bottle.

* We do not recommend anything, water, gas drops, additional food, baby tea, other than breast milk to babies under 6 months.

* We do not recommend milk boosters or milk quality enhancing food / beverages / water / tea / drops / supplement products etc. because of lack of scientific reality.

* We do not want advice on the health problems of ourselves or our babies. It is best to apply for a doctorate.

* If you have photos that you need to share, we ask you to share it in the comments. (We do not share a photo of diapers with faces. We do not share violent and disturbing photos that will affect mothers negatively.)

* We do not use insulting, lacerating and judgmental, offensive statements. We write comments in accordance with Turkish spelling rules on the basis of mutual respect

¹ Abbreviation belongs to me.

- * It is forbidden to promote advertising and other groups in the group.
- * Sharing screenshots or gossip from other groups, shares from the outside resources without Turkey LLL site, Tomris notes, the World Health Organization recognized by our group, is forbidden unless having an exceptional permission.
- * Deleting somebody else's post is prohibited. Subjects or inappropriate postings may be alerted or deleted by admins or moderators.
- * It is forbidden to give religious answers to posters. Particularly it is strictly forbidden to make negative comments such as decency, morality, sin and so on to the breastfeeding photos. Whomever does it can be removed from the group without warning.
- * Our priority in the group is scientific and correct information. Please do not insist on a warning or information, such as "my idea", "my experience", "my doctor said that", "if you do not want do not apply".

The form for the acceptance is consist of whether an applicant read and approve the rules of the group or not. The group has 20,552 members and 3 admins on May 2019. Women can share photos of their breasts freely to show problems with them since men are not allowed in the group. Poop photos can be shared to examine intermittent poop colours. The list goes on. There can be questions, concerns, and advice regarding any share. This group is important for this research as it includes the first questions from the mothers for a newborn about breastfeeding problems to weaning issues.

About "BLW Turkey: If you give a chance, your baby can do it!" (BLW):

<https://www.facebook.com/groups/blwturkiye/>

Some Turkish mothers can be observed attempting to feed their, for example, 8-year-old child by following them around with a spoon in hand. As another example, for a four-month-old baby, some doctors may advise introducing solid foods, including purees, soups, and yogurts. However, what if a group of women suggests waiting until six months and offering solid foods in a form that the baby can grip with their little fingers, allowing them to self-feed? Would you consider listening to them?

Baby-Led Weaning (BLW) entails giving a baby the opportunity to feed itself from the very beginning when the baby is ready for solid foods. Instead of using purees, solid food is presented to the baby in finger-sized cuts, cooked and softened through steaming, one by one. Each food item must be given for three days to observe

if the baby has any allergic reactions. A baby is considered ready for self-feeding if they are 180 days old and can sit up straight. In this context, "weaning" refers to adding complementary foods, not the American English meaning of giving up breastfeeding. Breastfeeding or formula milk is considered the most crucial nutritional source for the first year of an infant.

The concept of BLW originated from Dr. Gill Rapley (2008), a former health visitor and midwife with three children. Rapley's observations and experiences with her own children led her to believe that there is a proper time for a baby to eat solid foods. She conducted a master's and PhD to examine her ideas, wrote a book, and organized with people worldwide through social media. The BLW Turkey group emerged from this movement, comprising nine women who connected through social media to learn together and assist others with their babies' nutrition in Turkish (BLW Türkiye, 2015). They initially created a closed Facebook group in 2014, reaching 10,000 members in its first year. They actively use YouTube, Periscope, Instagram, and have a website. By December 2017, the group had 106,873 followers on Facebook alone.

Many parents struggle with how to start and find natural foods for their babies initially. The BLW Turkey group admins translated and adapted the book "Baby-Led Weaning: Helping Your Baby to Love Good Food" (2008) into Turkish. They compile the recipes shared by parents in a searchable format within the group. Additionally, they operate an online BLW market featuring only organic foods. The group members and admins always specify the proper age for ingredients for babies, such as 8+, 6+, 10+. They also created a BLW table indicating appropriate foods by the baby's age (BLW Turkey, 2015).

Group members share photos of their babies eating, recipes, medication advice supporting BLW, first aid videos, and encouraging messages for beginners or tired parents struggling to feed their babies. Breastfeeding or follow-on milk is crucial for the group because babies only taste different foods in their first year instead of relying on solid food for nourishment. For this reason, the group dynamics discourage starting solid foods before a baby turns 180 days old. Among themselves, they affectionately refer to the babies as "The BLW Baby."

In summary, group members exhibit a different dynamic as they seek the best nourishment on the internet, even if their doctors suggest otherwise. They support each other, believing they are doing the right thing and encourage others to do the same. They reject traditional nutritional habits involving soups or purees, advocating for self-feeding. They strive to avoid convenience foods and encourage each other to make their yogurt, cheese, biscuits, etc. Additionally, they share information about the ingredients they buy and seek advice on their suitability. This group serves as an example of organized individuals on the internet, critiquing medical advice, food brands, and traditional ideas, while developing their own recipes, tables, and dietary styles around their babies' health for this research.

1.2. Vaccination: “I Am Not Obligated to Vaccinate”

Our second subject of consideration pertains to vaccination. While some parents and authorities assert that there is no room for debate on this matter, emphasizing the significance of herd immunity chains upheld by vaccines in preventing mortal diseases, others on the Internet argue that vaccination should not be a taboo subject. Instead, they advocate for a deeper understanding, open discussion, potential reformulation, and the necessity of being well-informed about side effects and related concerns. This approach allows individuals to make informed decisions for themselves, their children, relatives, and society at large.

In this context, our focus turns to the "I am not obligated to vaccinate (NOV)" group. Our exploration will delve into the ongoing discussions within the group, the challenges its members face, the mutual support exchanged through online platforms, and the functioning of the group concerning the vaccination issue.

About “I am not obligated to vaccinate (NOV²)”:

<https://www.facebook.com/aymd.org/>

Certainly, before using any form of medication, one typically examines a prospectus. However, have you ever considered asking for the prospectus of a vaccine?

² Abbreviation belongs to me.

I am not obligated to vaccinate (NOV) is a non-profit organization established in 2010 as an open group. This implies that anyone can access and read all the information shared in the group, even without actively participating. As of December 2017, the group has garnered 10,035 followers.

While the group administrators remain undisclosed, the sources of the shared documents are consistently indicated. The group's motto is encapsulated in the phrase "You do the research, and I decide." The "about the group" section highlights that nobody is compelled to accept a treatment method they haven't chosen. NOV provides support to individuals who choose not to vaccinate themselves or their dependents due to mistrust in vaccines and the perceived risks. The group also seeks to raise awareness about their legal rights to resist external pressures. NOV advocates for individuals to conduct their research and make informed decisions.

In Turkey, the vaccination rate stands at 97% (T.R. Ministry of Health, 2015) meaning that only 3% of people choose not to vaccinate their children. The significance of this group for the thesis lies in its representation of an effort to assert autonomy in health decision-making on a topic often treated as taboo, where many people conform without questioning. Within the group, individuals share their personal experiences after vaccination, along with articles and vaccine prospectuses. The group serves as a platform where both positive and negative critiques can be found.

1.3. The remaining issues: "Searcher Mothers"

Following these two main subjects, numerous health-related issues may arise at any time and in any place, necessitating a widespread need for information. For such information-seeking endeavours, we selected a closed mothers group, namely "Searcher Mothers," which provides mutual support based on individual experiences, and shares scientific resources or links derived from their collective research.

About “Searcher Mothers” (SM³):

<https://www.facebook.com/groups/arastirananneler/>

If you have questions about a product from a company, need advice from a doctor on a specific issue, are considering hiring a foreign babysitter, or if you have a photo of your child exhibiting symptoms, among other concerns, you can turn to other mothers who share the characteristics of being researchers!

Founded on September 7, 2004, as a closed and secret group exclusively accepting referenced mothers (Searcher Mothers, 2017), this group has been selected among the top ten most reliable and effective groups on Facebook. The group places significant emphasis on the tone of discussions, welcoming mothers and expectant mothers who are curious, avid readers, inquisitive, and stay abreast of the latest developments, with an attitude toward life. Administered by Burcu Özdemir Bakaçhan and Beliz Özdemir Söğütlüoğlu, the group, despite its closed nature, has become a significant platform with 8,909 members as of December 2017.

This group holds importance for the thesis for two primary reasons: first, the group inherently positions itself as a "searcher," and second, mothers within the group quickly come together and find solutions to problems, showcasing a high level of organization. For instance, in an incident where a babysitter committed violence against a child in a park, a mother from the group shared a photo and sought the identity of the victim's mother. Remarkably, the group successfully located the family within a single day and provided information about the babysitter.

2. Analysing Procedure for Facebook groups

Throughout all four of these groups there are very active debates regarding remarkable information reservoirs. Thousands of messages are observed with the participant observation method, in order to gain a better understanding of the dynamics of the groups between December 2016- December 2017 for one year. We conducted keyword research to cover the medical aspect of health-related information by seeking terms that contaminate the term "doctor" within these three categories. We eliminate

³ Abbreviation belongs to me.

posts that contain very similar questions or expressions; the total number of posts per group is limited to 20, therefore 80 post and its' comments underneath are taken into account for analysis.

When consolidating all aspects of the analysis related to the "Doctor" keyword, we will explore the following questions:

1. What are the main struggles mothers face regarding health-related issues?
2. What arguments are mothers engaging in within this keyword research?
3. How do mothers justify the information they share in the comments?
4. In what ways do mothers support each other?
5. What criteria make a paediatrician "good" in the eyes of a mother? What are the expectations?
6. What are the points of criticism mothers express about doctors?
7. How do mothers attempt to overcome or make decisions about different medical practices or advice through the Internet?
8. What is the group's function regarding these issues?

Consequently, an observation table is created, as shown below in *Table 3. 1..* The table includes four main titles: "Request for a good doctor," "Asking about an illness," "Asking about a medicine/treatment method," and "Sharing experience." It also includes information about the group in which the post is published, the number of comments, and the main content of the post. Real names in the admin Excel panel are present for easy identification of related posts if needed; however, these will be coded for quotations to safeguard the privacy of the posters. The left side of the table represents the categories and sub-categories reflecting the topics users explore within the groups.

Table 3.1. Observation form for Facebook analysis procedure

The platform	Requests for a good doctor		Asking about an illness			Asking about about a		Sharing experience				Comments	
	for a specific hospital/place	for a specific illness	With a specific doktor or a hospital name	With a photo	With symptoms	Medicine	Treatment method	about a doctor	about a hospital	about an illness	about a medicine/ treatment method	how many	what about

The Platform: This title refers to the Facebook group where the hashtag/keyword research was conducted. Hashtag research in social media involves the exploration and analysis of hashtags to understand trends, discussions, and user engagement around

specific topics. Hashtags are words or phrases preceded by the '#' symbol, and they serve as metadata tags that categorize content on social media platforms (SproutSocial, 2023).

Research Hashtag: This section pertains to the sought subject in the group, whether identified by a hashtag or located through the "seek in the document/page" function, depending on the group page design.

Requests for a Good Doctor: This title is dedicated to individuals seeking advice for a good doctor. Requests may include specific preferences such as a doctor in a particular hospital based on insurance coverage, proximity to home, etc. Examples include queries like "I am looking for a doctor in Florence Nightingale for my baby" or seeking advice for a specific illness, such as "My baby has had a high fever for 5 days."

Asking About an Illness: This title addresses individuals inquiring about an illness by providing the doctor's name, a photo, or describing symptoms. For instance, someone might upload a photo and ask, "Have you ever seen such a rash on your baby's skin? What should I do?"

Asking About a Medicine/Treatment Method: In this category, members directly seek advice on a medicine or treatment method, aiming to compare their experiences with others to find the best solution for an illness. An example would be, "My doctor gave me this syrup for my baby, what do you think?"

Sharing Experience: This heading is designated for individuals sharing their positive or negative experiences regarding an illness, doctor, hospital, or treatment method. For instance, if someone says, "My doctor gave me this, but I preferred that, and it works really well," it falls under this category.

Comments: This section represents the responses provided to the problems discussed in the posts. It includes the number of responses and a segment specifying the content of the responses.

Following the formation of an observation table, 4 Facebook groups, 80 posts (20 for each category), and 5,723 comments were taken into account for analysis between January and April of 2017. There was no additional time limitation for the hashtag research, as posts resurface to the top whenever a mom writes a comment about her own ideas or experiences regarding the same post. Thus, the primary goal of post analysis is to understand the context.

As a next step, we conducted an analysis of messages within Facebook groups, categorizing them based on themes aligned with our research questions, employing the outlined methods. While maintaining privacy, we won't disclose the names of the contributing mothers in *Findings and Results*; however, the respective group names are indicated in parentheses at the end of each post.

In the part that we aim to determine the expectations and criticisms about paediatricians/ doctors, the mother statements in each message were recorded one by one, divided into positive and negative statements, counted and grouped. As a result, we aimed to analyze the data set from mothers' experiences in line with the objectives of the research questions and present them as meaningful information.

3. Findings and Results

The methods discussed above guided us in answering our research questions in this section. These techniques gave us a clear direction and allowed us to draw conclusions from our results. Ultimately, these methods enabled us to answer our research questions and gain valuable insight into our topic as you can see below.

3.1. What are the main struggles mothers face regarding health-related issues?

For a mother, every aspect of caring for her baby can be a challenge, particularly if she doesn't feel completely comfortable with her decisions. Here, we focus on the struggles explicitly mentioned by mothers in their posts and comments.

3.1.1. Finding a good doctor or paediatrician:

Locating a reliable healthcare professional, especially a paediatrician, emerges as a significant challenge. This is evident in discussions within the Baby Led Weaning (BLW) group, where mothers express frustration about the varying attitudes of doctors. Some share experiences of changing doctors multiple times without finding a suitable one. The difficulty is highlighted in a post where administrators of BLW attempt to compile a list of doctors supporting BLW across Turkey. The comments reveal a lack of BLW-friendly paediatricians in certain cities, leading to dissatisfaction

and the perception of a dearth of competent healthcare professionals. For example: *"Apart from supporting BLW, we could not even find a good paediatrician for 7 months. We changed four doctors, the result is zero ☹"* - (BLW)

Additionally, the diversity in doctor attitudes is evident, with instances where recommended BLW-friendly doctors contradict mothers' nutritional choices, creating confusion and eroding trust in the medical profession: *"Finally, we left the doctor's office in frustration! I can't trust any of the doctors anymore; I will be my child's doctor!"* (BLW). On the other hand, these mothers appear to be seeking a doctor who aligns with their own beliefs.

3.1.2. Lack of spouse's support:

Mothers express the importance of the father's role in decision-making related to a child's health. In some cases, a supportive doctor or healthcare approach may require convincing the husband, adding another layer of complexity. Mothers seek advice and encouragement from the online community to help sway their spouses toward certain healthcare practices, such as Baby Led Weaning. As shown by the expression: *"I need a doctor who supports BLW to convince my husband."* (BLW)

In another scenario, a mother desires to follow the BLW method learned on the Internet but faces resistance from her husband. The lack of spousal support becomes a significant obstacle in implementing preferred healthcare practices.

"The doctor said that we could have started giving soups to the baby at the 4th month, and it created a significant issue with my husband. I managed to convince the doctor about BLW, but I couldn't convince my husband; his behavior undermines my confidence." (BLW).

A mother from BLW group, desires her baby to develop individuality and observes her baby's allergic reactions through the Baby-Led Weaning (BLW) method. However, she struggles to find support. Furthermore, both the doctor and her husband collaborate to change her treatment plan. Hence, she seeks support from the group to find a good doctor who can alter the situation:

"Again, another demoralizing encounter with a doctor..." The previous doctor advocated for introducing solid food early, stating, 'Don't be idealistic; if your baby's stomach gets smaller, you will have to seek doctors,' next to my husband. Despite my attempts to introduce some food for a few days, I eventually

waited until the 6th month and started with BLW. At times, I felt discouraged, fearing that something might get stuck in my baby's throat. However, I continued without panicking and without conveying my concerns to my baby for one month. During this period, my husband suggested making soups, thinking that the baby was not eating well. To silence his concerns, I made soup and fed it to my baby with cups. I also changed my doctor. This time, the new doctor opposed BLW, claiming it was an unproven method, and suggested giving orange juice... 'Don't turn your child into a guinea pig,' and so on. Now, try to figure out how to convince my husband..." (BLW)

3.1.3. Interference from Family Members and Strangers:

Mothers encounter interference and criticism not only from healthcare professionals but also from family members and even strangers. Grandparents and other family members may impose their beliefs or experiences on the mother, challenging her chosen methods. Strangers, too, may offer unsolicited advice or critique, particularly regarding decisions like breastfeeding.

Example: "Those saying 'Is it still sucking?' No one can get in somebody's hair! Those are the same with the ones who say 'You have a baby, bundle the cat off from home' version." (BFA)

This interference extends to societal norms, with individuals questioning choices such as extended breastfeeding, creating additional stress for mothers.

In summary, the main struggles for mothers revolve around finding supportive healthcare professionals, garnering spousal support, and managing interference from family members and societal expectations. These challenges highlight the need for a supportive community and accessible information for mothers navigating their child's healthcare journey.

3.2. What arguments are mothers engaging in within this keyword research?

As outlined in the headlines of *Table 3.1*, the primary themes involve requests for a doctor, inquiries about illnesses, questions about medicines or treatment methods, and the sharing of experiences related to the baby's health.

3.2.1. Doctor debates:

Discussions regarding doctors revolve around the search for a proficient doctor in a specific field, considerations about changing current doctors, experiences with treatments, and preferences for hospitals or towns. The debates shed light on what mothers value in a "good doctor," the aspects they criticize, their sentiments toward doctor-patient interactions, and the challenges they face with doctors or hospitals. Comments in this context offer advice on finding a good doctor or hospital, sharing personal experiences, and suggesting possible actions for different situations.

3.2.2. Illness discussions:

Mothers share symptoms and/or photos of diseases, narrate their experiences dealing with illnesses affecting the baby and family members, and mention specific doctors in certain medical fields. Comments in response provide recommendations for doctors and hospitals, share potential causes and solutions based on personal experiences, offer comforting words to reassure mothers about what steps to take, and express well wishes.

3.2.3. Medicine/treatment method queries:

Posts inquiring about medicines, vaccines, natural or medical treatment methods, and the impact of treatment methods on breastfeeding are prevalent. Criticisms of various doctor-prescribed treatments are also present. Discussions within this theme center on seeking information about specific medications or treatments, questioning the effectiveness, and understanding potential side effects, especially concerning breastfeeding.

3.2.4. Sharing experiences:

In the "Sharing Experience" category, mothers share their own experiences, both positive and negative. Comments on these posts involve others sharing their experiences and insights, creating a supportive environment where individuals exchange ideas, recommendations, and lessons learned.

In all these subjects, the community rallies around to support mothers, offering advice on doctors, methods, sharing their own experiences dealing with similar issues, and suggesting what might be beneficial for both the baby and the mother.

3.3. How do mothers justify the information they share in the comments?

Determining the most reliable health information for a given health issue can be complex, as it may depend on individual, environmental, or situational factors. In the comments, mothers recognize this complexity and often emphasize the importance of personal observation, asserting that mothers are the best advocates for their babies. Expressions such as "Watch your baby" and "Mothers are the best doctors" are frequently seen, highlighting the trust placed in a mother's instincts and insights.

Some mothers acknowledge that even healthcare workers, like doctors, may experience a shift in mentality, approach, or perspective after having their own babies. A doctor mentioned, *"I am also a healthcare worker; however, it does not work as well for my own baby"* (BLW). Consequently, the primary justification strategy centres around trusting their own observations and experiences gained through maternity.

In another instance, a mother shares her approach to dealing with doctors: *"I continued with the doctor I trusted for his diagnosis and treatment. I just nod to what he says about breastfeeding. If you can shut everyone up around you, what a doctor says is not important anymore"* (BFA).

This illustrates the emphasis on personal conviction and the belief that a mother's judgment surpasses external opinions.

Moreover, it is crucial to note that mothers' observations and experiences are complemented by information sought on the Internet. They actively engage in learning, share scientific links, exchange experiences, and explore different practices online. This collective knowledge empowers them to make informed decisions for their babies, even if a doctor recommends an alternative course of action. A mother from the BFA group underscores this point, stating, *"If our doctor advised me something else rather than breastfeeding, I would change the doctor immediately"*. This highlights the proactive role mothers play in seeking information and making decisions based on a combination of personal experience and external knowledge sources.

3.4. In what ways do mothers support each other?

The arrival of a baby, while theoretically prepared for, can leave parents feeling helpless when faced with the reality of caring for a crying, new-born. BFA group is one of them, mothers often share similar concerns, thinking that their baby's problems are unique and something is wrong with their child. Whenever such concerns arise, mothers come together to provide motivation, and administrators offer advice on breastfeeding tips.

For example, a mother with a 44-day-old baby sought support, expressing frustration as everyone around her suggested giving formula, suspecting hunger due to the baby's constant crying. Despite self-expression, she was disappointed by the amount of milk she produced. This post garnered 303 comments, spanning 40 weeks, demonstrating continuous consultation and support from the group, covering the first to the tenth month of the baby's life.

While our Facebook group keyword research focused on the term "doctor," women in these groups support each other in various aspects of motherhood. Issues related to disciplining a child without harming their psychology, a mental health concern, are also addressed. For example, a mother yields for help on the Facebook at 4 in the morning:

“Hello, I am writing at this moment because I am so helpless and I don't know what to do. Can you help me? I have a daughter 22 months that sleeps only with breastfeeding. I gave breastfeeding up directly 5 days ago. Yet, she is not sleeping any more, anyway. When she wakes up at night, it takes 2 hours to fall asleep and she cries a lot. And then, she crashes out. I am so sad. 😞 Would it be worse if I give her breastfeeding again? Or does she gets used to sleep on her own somehow. Which one would be better for her psychology? I am about to go mad thinking what to do for one-week 😞” (BFA)

Mothers in the Breastfeeding Art group provided valuable advice, sharing their experiences to help her decide whether to resume breastfeeding or encourage independent sleep.

In another instance, a mother sought assistance from the Breastfeeding Art group when a doctor prescribed formula for her three-day-old newborn, leading to weight

loss. As a result of using formula milk, the baby suffered from constipation. Members of the group shared their experiences, providing guidance on what to do, how to proceed, and recommended doctors. The discussion unfolded like a mobilization order for breastfeeding, with 348 comments spanning over 12 weeks. In one of the comments, someone expressed, *“How beautiful golden hearts you have... Once, I told my husband that we became the mothers of all children in the world when we became moms, and he smiled. Now I see that it was right ♡ 🙏. So glad to have you”* (BFA). The mother expressed gratitude for successfully transitioning to exclusive breastfeeding and thanked the supportive community.

A woman sought support from fellow mothers due to panic attacks, expressing her reluctance to use medication and emphasizing that breastfeeding served as her only form of medicine. Numerous comments were made to provide support. In one particular comment, a woman wrote, *“You are one of the most self-sacrificing mothers in the world. My eyes were filled with tears while reading. You are the best”* (BFA).

Mothers have the opportunity to closely observe and understand their babies. Consequently, when issues arise or their baby displays signs of discomfort that may indicate a problem, mothers can often discern that something is amiss—sometimes even better than a doctor—based on careful observation and research. For example, a mother from BFA, who places significant importance on breastfeeding, encountered challenges as her baby struggled to nurse effectively and gain weight. Through online research, she discovered that her baby had a tongue-labium-tie problem. Despite facing discouragement from doctors and others around her, who labeled her as overly anxious and suggested supplementing with formula, Ayşe Merve persisted in her commitment to breastfeeding and sought a solution for her baby's problem.

In her quest for answers, she sought information and support from an online group where she discovered many others who had experienced similar challenges. Group members provided valuable recommendations, including the names of competent doctors. An admin, who was both a breastfeeding consultant and a group member, conducted a face-to-face diagnosis and confirmed the tongue-labium-tie issue. Guided by the admin's expertise, the mother was directed to a specialist, and her baby underwent a successful operation, resolving the problem. The ongoing comments

on the same message served as an encouragement for other mothers facing similar issues, fostering a supportive environment where they shared their joy in finding solutions and motivated each other not to give up on breastfeeding.

These online communities provide mothers with a unique vantage point to understand their babies, enabling them to notice discomfort or potential health issues. When faced with problems, mothers leverage their observational skills and engage in research. They use their online networks to discuss potential solutions with other parents, often forming support groups. This allows them to find answers and make informed decisions about their babies' health.

3.5. What criteria make a paediatrician "good" in the eyes of a mother? What are the expectations?

Each expression related to the term "doctor" were noted and counted. While analysing the most frequently occurring expressions, interpretations were supported by quoting statements from mothers. The table below outlines doctors' positive characteristics or/and what parents expect from them.

According to parents, the right treatment involves finding a solution to the illness in a short time period, ensuring the child's comfort as soon as possible, alleviating the stress of mothers, and effective communication. Expectations from doctors, especially paediatricians, differ, and some specific recommendations are outlined below:

Being available at any time/through any means: *"Our doctor makes the right diagnosis even with a photo from WhatsApp."* (SM)

Supporting and encouraging the mother: *"Even that is enough to hear from a doctor that good health to your milk, you feed your baby very well"* (SM).

Avoiding unnecessary prescriptions: *"He doesn't administer medicine as a first choice; he prefers natural methods. If he decides to prescribe something, he pinpoints and solves the problem"* (BFA).

Being both a doctor and a parent: *"She is really kind. Plus, I feel very confident when she says what she does for her own young age child"* (BLW).

Table 3.2. Attributes of an ideal doctor (Part 1)

Attributes of an Ideal Doctor	Mentions		
affectionate	1	good communication with parents	11
diagnosing in detail	6	sweet	1
no unnecessary surgery	1	theater player	1
good in right diagnosis	15	writing books	1
right treatment	9	being a member of a social agent/union/association	2
well explanation	7	profound knowledge/experience	9
patient	2	positive	3
meticulous	3	being both a mother and a doctor	2
care giver	2	doesn't cause stress	2
calm	18	realist	1
warm	1	modest	1
spending enough time for diagnosis	1	diagnosis with plays/without making the kid cry	1
good communication with kids	18	supporting BLW	1
being like a sweet grandfather	1	Having sufficient equipment in the clinic	1
not preferring to administer medicine as a first choice	32	giving confidence	7
supporting and relaxing mothers/parents	13	being very good at surgery	2
Do not like medical analysis/avoiding unnecessary tests	2	asking or directing to other experts for more detailed diagnosis/information	3
easy to contact	3	giving importance to nutrition	1
suave	4	having concise saying	1
giving right decisions in a very short time	2	a great doctor/human	7
Contact anytime by message or phone	14	inhibiting unnecessary operations	5
herbal supplements/drugs	6	drawing blood easily	4
preferring natural methods	6	compassionate	1
not liking prescribing antibiotics	6	against antibiotics	1
Avoiding over-diagnosis	2	Using whatsapp	6
giving detailed information	5	available anytime	23
affectionate	2	having a child	5
the best in his/her exportation field	6	listening parents	1
fatherly	1	having private practice	3
brave	1	Decoration for kids	1
takes no chances	1	not wanting unnecessary tests	2
Supporting breastfeeding	4	not being money grabber	1
		diagnosis even by phone	1

Table 3.2. Attributes of an ideal doctor
(Part2)

light-handed	1
kind	5
supporting BLW	7
being aware of having no enough knowledge about nutrition and sleeping	1
being a pediatric nutritionist	1
against drugs	1
sympathetic	1
motivating the mother	1
Following the latest developments	2
saying don't make puree	1
supporting breastfeeding even though baby's weight gain is less	1
avoiding unnecessary treatments	1
do not administrate antibiotics as a first choice	4
having nursing training for mothers	4
encouraging the mother for breastfeeding	15
not approving feeding bottle or nipple for the baby	4
encouraging the mother for giving baby breastfeeding anytime the baby wants	3
not advising mama looking at the baby weight	10
being close to home	1
supporting tandem breastfeeding	11
not giving mama for the early newborn at the hospital	1
cheerful	2
supporting breastfeeding through pregnancy	1
not advising mama for the baby hepatitis	3
	449

It's important to note that many child doctors operate in private hospitals or clinics. However, some parents express satisfaction with family health care centers, emphasizing that they prefer these over private hospitals due to cost considerations. Criticisms about doctors and hospitals may serve to support this perspective.

3.6. What are the points that mothers criticize about doctors?

In this section, we flip the coin and examine the criticisms, expectations, and disappointments of mothers regarding the healthcare system, using the term "doctor." It is important to note that when we refer to the term "doctor," we are not targeting individuals or the esteemed medical profession but rather the broader healthcare system. We compiled a list of complaints about doctors in Table 4 and endeavoured to comprehend the underlying reasons.

Table 3.3. Mothers' complaints and concerns

Doctor critiques	Mentions		
Diagnoses quickly	2	Explaining / asking doctor about BLW however the doctor does not suggest, accept, and persuade about the method.	1
No attention	2	Not improving him/herself	1
No care	2	Not taking any risk (personalizing the orders)	1
Making parents cry with tough explanations	3	pediatricians are not dietician at the same time	2
having high ego	2	Not knowing any thing about healthy nutrition	1
likes to administer medicine	1	giving mama instead of supporting breastfeeding	1
Wrong diagnosis	8	having so many expertise in the medicine school hospitals,	1
being too busy	4	not supporting breastfeeding through pregnancy,	1
not being able to establish vascular access for a baby	1	looking at the weight only as a health sign	1
tough diagnosis	1	Advising mama brand, giving mama sample or brochure	21
unsympathetic	1	adapting to the nipple with mollies	1
having a rendezvous hardly	1	administrating unnecessary antibiotics	2
ill-humor	1	finding breastfeeding unnecessary for 1 year old baby	1
bad communication with parents	2	unnecessary laboratory examination	3
stressed	1	can not give enough explanations	2
angry	1	causing stress for a mother	3
fancy prices	3	not approving to give breastfeeding after age 2	2
can not be available in case of emergency and weekends	1	not approving tandem breastfeeding	1
not answering messages and phone calls	1	giving time limitations for breastfeeding	4
not recognizing the parents or the kid	2	telling mom that "Your baby is using you as a nipple"	1
bad in communication	3	Advising mama telling that the weight gain of the baby is not enough	10
making parents panic with the worst scenario	1	telling mom that giving too much milk causes obesity	1
waiting for the turn even though having a rendezvous	1	giving drugs for little problems	3
wanting unnecessary medical analyzes	2	being too far to home	2
wrong treatment	3	hugging and kissing the baby without washing his hands	1
administer medicine so much	1	beginning solid food early	1
being unavailable	3	making feel the mother he's trying to get rid off	1
blaming the doctor of not keeping the abreast of latest developments	1		
doctors describe how to start food with puree	1		
doctors advises beginning solid food before 6 months (around 4)	1		127

In contrast to *Table 3.2.*, where we explored the attributes that mothers appreciate in a good doctor, *Table 3.3.* sheds light on the factors that lead to parental dissatisfaction. One notable aspect is the issue of availability, as highlighted by a mother's remark: *"She is a very competent doctor; however, she does not use WhatsApp. Consequently, if you need to send a photo, you are required to compose an email and send an SMS to inform about your email."* (Merve Arbaş Özkaynak)

Another crucial factor influencing the doctor-patient relationship is the *communication style*. The way doctors communicate and attribute information to patients can either elicit satisfaction or contribute to a sense of helplessness. Some concerns extend beyond mere communication problems, as evident in instances where doctors advise formula baby food over breastfeeding. Campaigns emphasizing the importance of mother's milk, led by UNICEF, the Ministry of Health, and TAÇESE (Mother, Child, Teenager Health Institute of Turkey), contrast sharply with these practices. A mother expressed regret about initiating formula feeding due to the doctor's recommendation: *"Due to the doctor (name provided), my daughter gave up breastfeeding. He demoralized me, claiming my baby's weight was less than anticipated, and handed me a formula brochure..."* (BFA).

Mothers' responses to doctors' advice are varied. Some seek support and value a doctor's guidance, while others view inquiries about new methods as a sign of the doctor's ongoing professional development. Certain individuals remain steadfast in their ideas, opting not to see the same doctor again. Conversely, those with higher self-confidence continue with the same doctor, even if the doctor lacks knowledge about Baby-Led Weaning (BLW). The complex interplay between doctors' recommendations, maternal responses, and self-confidence is evident in the various reactions.

An administrative comment within the group encapsulates this nuanced perspective:

"In every profession, there are individuals who excel at their jobs and those who do not. I'd like to share my personal opinion in two dimensions: From the health workers' standpoint, my best friend is a doctor, and most of my close friends are doctors with diverse specialties. They all graduated from the best medical school in the country, excelled with top grades. If there was a strange "sick" case, they encountered it; they were threatened with death, physically assaulted. Despite having committed no mistakes, they faced insults. These dedicated professionals excel at their jobs—those who genuinely want to be doctors, those driven by the desire to save lives. As an admin, we do not tolerate insults directed at such physicians. However, there exists another group within the healthcare community, and I'll discuss them as well."

Continuing from the health workers' perspective, the administrator transitions to the mothers' viewpoint:

"I'm going to a doctor, entrusting my child's life. I may lack sufficient information, and I might follow the doctor's advice unquestioningly because the doctor is deemed "great," "knowledgeable," and "knows better than me." Yet, when a child doctor, at the onset of a child's third month, insists, "Your milk is not enough, dear; take this pre-prepared formula; see, it's really good and organic. You can't feed your child; how do you think that breastfeeding is enough for a baby? You're insufficient. Your child can't grow as much as it should. What kind of mother are you?" (I've personally heard such remarks). Later, when the mother investigates and discovers that all this information is untrue, she becomes extremely angry. Entrusting my baby, my life to you, how dare you deprive my child of breast milk, imposing something that may affect my baby's health throughout its life. A mother's most sensitive point is her offspring, and if a doctor, in whom she placed her trust, harms her child, she is infuriated. Is she wrong? I think not. However, there's a caveat. We can criticize a doctor who engages in malpractice without resorting to insults. Similar to how we express dissatisfaction with a plumber who fails to perform well, we can critique a doctor to whom we entrust our baby's health, provided they guide us incorrectly. Yet, we must remain vigilant about distinguishing between criticism and insult."(BLW)

The administrator concludes with a plea to both healthcare workers and mothers for empathy:

"My only request from moms is to distinguish between criticism and insult. Let's appreciate good physicians. Let's absolve those who heal us when our health deteriorates, justifying the people we pray to when they save our lives. Here, everyone is a parent; let your children choose their professions freely. Forcing someone who doesn't want to be a doctor into the profession may result in a neglectful doctor. Perhaps our children will be the future doctors; let's be mindful of our words. Both parents and healthcare workers should exhibit empathy towards each other. Good and healthy days for everyone, good luck for coming across a good doctor." (BLW).

The administrator's comment underscores a nuanced perspective on healthcare professionals' challenges. The administrator acknowledges the dedication of doctors who excel in their roles, but emphasizes the tremendous pressure and challenges doctors face. Despite this, there is another group in the healthcare community that raises concerns. Transitioning to the mothers' viewpoint, the administrator depicts the vulnerability of parents entrusting their child's life to doctors. The narrative portrays instances where doctors, despite their credentials, provide misguided advice, leading to frustration and anger among mothers. Therefore, the importance of pursuing a profession with passion is emphasized, and it is stated that we should allow our children to make their career choices freely.

3.7. How do mothers try to overcome or decide about different doctor practices or advices through the Internet?

Medical information and guidelines can change over time, and it's evident that different doctors may offer varying recommendations. In family health centres, standard check-ups and health practices for babies are provided to the public free of charge, serving as medical care protocols for parents who prefer to follow the established guidelines directly. However, for those who wish to conduct their own research and make informed decisions, many of these practices are subject to discussions among doctors and parents. This includes decisions about vitamins, vaccination schedules, the choice of a paediatrician, and more.

Taking infant nutrition as an example, *Figure 3.1* below, extracted from a 1988 vaccination card, illustrates the evolution in approaches to introducing solid foods for babies. The recommendations on the card suggest feeding a baby water and sugar immediately after birth, juice on the 15th day, yogurt and pudding in the 1st month, vegetable soup in the 3rd month, gruel and cheese in the 4th month, and minced meat, legume puree, and egg yolk in the 5th month. This historical perspective is shared by a mother from BLW Facebook group from her own childhood vaccine card.

Boy (Cm.)	46	54	62	70	78	86	94	102	110	118	126	134	142	150	158	166	174	182	190	198	206	214	222	230	238	246	254	262	270	278	286	294	302	310	318	326	334	342	350	358	366	374	382	390	398	406	414	422	430	438	446	454	462	470	478	486	494	502	510	518	526	534	542	550	558	566	574	582	590	598	606	614	622	630	638	646	654	662	670	678	686	694	702	710	718	726	734	742	750	758	766	774	782	790	798	806	814	822	830	838	846	854	862	870	878	886	894	902	910	918	926	934	942	950	958	966	974	982	990	998	1006	1014	1022	1030	1038	1046	1054	1062	1070	1078	1086	1094	1102	1110	1118	1126	1134	1142	1150	1158	1166	1174	1182	1190	1198	1206	1214	1222	1230	1238	1246	1254	1262	1270	1278	1286	1294	1302	1310	1318	1326	1334	1342	1350	1358	1366	1374	1382	1390	1398	1406	1414	1422	1430	1438	1446	1454	1462	1470	1478	1486	1494	1502	1510	1518	1526	1534	1542	1550	1558	1566	1574	1582	1590	1598	1606	1614	1622	1630	1638	1646	1654	1662	1670	1678	1686	1694	1702	1710	1718	1726	1734	1742	1750	1758	1766	1774	1782	1790	1798	1806	1814	1822	1830	1838	1846	1854	1862	1870	1878	1886	1894	1902	1910	1918	1926	1934	1942	1950	1958	1966	1974	1982	1990	1998	2006	2014	2022	2030	2038	2046	2054	2062	2070	2078	2086	2094	2102	2110	2118	2126	2134	2142	2150	2158	2166	2174	2182	2190	2198	2206	2214	2222	2230	2238	2246	2254	2262	2270	2278	2286	2294	2302	2310	2318	2326	2334	2342	2350	2358	2366	2374	2382	2390	2398	2406	2414	2422	2430	2438	2446	2454	2462	2470	2478	2486	2494	2502	2510	2518	2526	2534	2542	2550	2558	2566	2574	2582	2590	2598	2606	2614	2622	2630	2638	2646	2654	2662	2670	2678	2686	2694	2702	2710	2718	2726	2734	2742	2750	2758	2766	2774	2782	2790	2798	2806	2814	2822	2830	2838	2846	2854	2862	2870	2878	2886	2894	2902	2910	2918	2926	2934	2942	2950	2958	2966	2974	2982	2990	2998	3006	3014	3022	3030	3038	3046	3054	3062	3070	3078	3086	3094	3102	3110	3118	3126	3134	3142	3150	3158	3166	3174	3182	3190	3198	3206	3214	3222	3230	3238	3246	3254	3262	3270	3278	3286	3294	3302	3310	3318	3326	3334	3342	3350	3358	3366	3374	3382	3390	3398	3406	3414	3422	3430	3438	3446	3454	3462	3470	3478	3486	3494	3502	3510	3518	3526	3534	3542	3550	3558	3566	3574	3582	3590	3598	3606	3614	3622	3630	3638	3646	3654	3662	3670	3678	3686	3694	3702	3710	3718	3726	3734	3742	3750	3758	3766	3774	3782	3790	3798	3806	3814	3822	3830	3838	3846	3854	3862	3870	3878	3886	3894	3902	3910	3918	3926	3934	3942	3950	3958	3966	3974	3982	3990	3998	4006	4014	4022	4030	4038	4046	4054	4062	4070	4078	4086	4094	4102	4110	4118	4126	4134	4142	4150	4158	4166	4174	4182	4190	4198	4206	4214	4222	4230	4238	4246	4254	4262	4270	4278	4286	4294	4302	4310	4318	4326	4334	4342	4350	4358	4366	4374	4382	4390	4398	4406	4414	4422	4430	4438	4446	4454	4462	4470	4478	4486	4494	4502	4510	4518	4526	4534	4542	4550	4558	4566	4574	4582	4590	4598	4606	4614	4622	4630	4638	4646	4654	4662	4670	4678	4686	4694	4702	4710	4718	4726	4734	4742	4750	4758	4766	4774	4782	4790	4798	4806	4814	4822	4830	4838	4846	4854	4862	4870	4878	4886	4894	4902	4910	4918	4926	4934	4942	4950	4958	4966	4974	4982	4990	4998	5006	5014	5022	5030	5038	5046	5054	5062	5070	5078	5086	5094	5102	5110	5118	5126	5134	5142	5150	5158	5166	5174	5182	5190	5198	5206	5214	5222	5230	5238	5246	5254	5262	5270	5278	5286	5294	5302	5310	5318	5326	5334	5342	5350	5358	5366	5374	5382	5390	5398	5406	5414	5422	5430	5438	5446	5454	5462	5470	5478	5486	5494	5502	5510	5518	5526	5534	5542	5550	5558	5566	5574	5582	5590	5598	5606	5614	5622	5630	5638	5646	5654	5662	5670	5678	5686	5694	5702	5710	5718	5726	5734	5742	5750	5758	5766	5774	5782	5790	5798	5806	5814	5822	5830	5838	5846	5854	5862	5870	5878	5886	5894	5902	5910	5918	5926	5934	5942	5950	5958	5966	5974	5982	5990	5998	6006	6014	6022	6030	6038	6046	6054	6062	6070	6078	6086	6094	6102	6110	6118	6126	6134	6142	6150	6158	6166	6174	6182	6190	6198	6206	6214	6222	6230	6238	6246	6254	6262	6270	6278	6286	6294	6302	6310	6318	6326	6334	6342	6350	6358	6366	6374	6382	6390	6398	6406	6414	6422	6430	6438	6446	6454	6462	6470	6478	6486	6494	6502	6510	6518	6526	6534	6542	6550	6558	6566	6574	6582	6590	6598	6606	6614	6622	6630	6638	6646	6654	6662	6670	6678	6686	6694	6702	6710	6718	6726	6734	6742	6750	6758	6766	6774	6782	6790	6798	6806	6814	6822	6830	6838	6846	6854	6862	6870	6878	6886	6894	6902	6910	6918	6926	6934	6942	6950	6958	6966	6974	6982	6990	6998	7006	7014	7022	7030	7038	7046	7054	7062	7070	7078	7086	7094	7102	7110	7118	7126	7134	7142	7150	7158	7166	7174	7182	7190	7198	7206	7214	7222	7230	7238	7246	7254	7262	7270	7278	7286	7294	7302	7310	7318	7326	7334	7342	7350	7358	7366	7374	7382	7390	7398	7406	7414	7422	7430	7438	7446	7454	7462	7470	7478	7486	7494	7502	7510	7518	7526	7534	7542	7550	7558	7566	7574	7582	7590	7598	7606	7614	7622	7630	7638	7646	7654	7662	7670	7678	7686	7694	7702	7710	7718	7726	7734	7742	7750	7758	7766	7774	7782	7790	7798	7806	7814	7822	7830	7838	7846	7854	7862	7870	7878	7886	7894	7902	7910	7918	7926	7934	7942	7950	7958	7966	7974	7982	7990	7998	8006	8014	8022	8030	8038	8046	8054	8062	8070	8078	8086	8094	8102	8110	8118	8126	8134	8142	8150	8158	8166	8174	8182	8190	8198	8206	8214	8222	8230	8238	8246	8254	8262	8270	8278	8286	8294	8302	8310	8318	8326	8334	8342	8350	8358	8366	8374	8382	8390	8398	8406	8414	8422	8430	8438	8446	8454	8462	8470	8478	8486	8494	8502	8510	8518	8526	8534	8542	8550	8558	8566	8574	8582	8590	8598	8606	8614	8622	8630	8638	8646	8654	8662	8670	8678	8686	8694	8702	8710	8718	8726	8734	8742	8750	8758	8766	8774	8782	8790	8798	8806	8814	8822	8830	8838	8846	8854	8862	8870	8878	8886	8894	8902	8910	8918	8926	8934	8942	8950	8958	8966	8974	8982	8990	8998	9006	9014	9022	9030	9038	9046	9054	9062	9070	9078	9086	9094	9102	9110	9118	9126	9134	9142	9150	9158	9166	9174	9182	9190	9198	9206	9214	9222	9230	9238	9246	9254	9262	9270	9278	9286	9294	9302	9310	9318	9326	9334	9342	9350	9358	9366	9374	9382	9390	9398	9406	9414	9422	9430	9438	9446	9454	9462	9470	9478	9486	9494	9502	9510	9518	9526	9534	9542	9550	9558	9566	9574	9582	9590	9598	9606	9614	9622	9630	9638	9646	9654	9662	9670	9678	9686	9694	9702	9710	9718	9726	9734	9742	9750	9758	9766	9774	9782	9790	9798	9806	9814	9822	9830	9838	9846	9854	9862	9870	9878	9886	9894	9902	9910	9918	9926	9934	9942	9950	9958	9966	9974	9982	9990	9998	10006	10014	10022	10030	10038	10046	10054	10062	10070	10078	10086	10094	10102	10110	10118	10126	10134	10142	10150	10158	10166	10174	10182	10190	10198	10206	10214	10222	10230	10238	10246	10254	10262	10270	10278	10286	10294	10302	10310	10318	10326	10334	10342	10350	10358	10366	10374	10382	10390	10398	10406	10414	10422	10430	10438	10446	10454	10462	10470	10478	10486	10494	10502	10510	10518	10526	10534	10542	10550	10558	10566	10574	10582	10590	10598	10606	10614	10622	10630	10638	10646	10654	10662	10670	10678	10686	10694	10702	10710	10718	10726	10734	10742	10750	10758	10766	10774	10782	10790	10798	10806	10814	10822	10830	10838	10846	10854	10862	10870	10878	10886	10894	10902	10910	10918	10926	10934	10942	10950	10958	10966	10974	10982
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straightforward: "Change your doctor!" Some aspects of this approach are reasonable, while others are debatable. However, it appears challenging to place trust in a doctor's advice when numerous comments from experienced mothers and administrators advocate an alternative perspective. Despite warnings from group administrators, such as the one from Asuman Poçan II in the Breastfeeding Art group, emphasizing that only doctors should bear the responsibility and risk of medical advice, this trend persists:

"We don't give or want any kind of medicine advice, any kind of medicine name. It is not about making advertisement, but it is because just the doctors must take the responsibility and the risk. And also, the comments that are exceeding its intent about doctors or nurses will be deleted without any warnings" Asuman Poçan II, BFA, one of the admins in the group, (29 December, 2017).

The decision-making process regarding medical practices among mothers is observed to be influenced by the trust they place in doctors and how these practices align with the information gathered from the Internet and within the social groups they follow. When a doctor's practices align with their knowledge or reinforce their existing information, and if they are content with the doctor's behavior, individuals express positive attributions to the doctor in the comments. Some common reactions indicating satisfaction with a doctor are:

- **Satisfaction from the medical examination:** Mothers express contentment with the thoroughness and effectiveness of the medical examinations conducted by the doctor.
- **Trusting the doctor eyes shut over:** The level of trust is so high that individuals follow the doctor's advice without hesitation or skepticism.
- **Not looking for another doctor from the beginning of the child's birth:** Mothers feel confident in their choice of doctor, and there is no inclination to seek an alternative since they are content with the current healthcare provider.
- **Recommending the doctor to everyone:** Positive experiences lead mothers to actively recommend their doctors to others within their social circles.
- **Being glad to know the doctor:** There is a sense of gratitude and satisfaction associated with having chosen a particular doctor, indicating a positive doctor-patient relationship.

This pattern underscores the pivotal role trust plays in shaping individuals' perceptions of medical professionals and practices. Moreover, it highlights how the intersection of personal experiences, online information, and social group dynamics collectively influences the decision-making process related to healthcare practices for mothers.

On the contrary, if they are dissatisfied with the doctor's approach, especially if it contradicts parents' research findings, they begin to seek alternative information sources and seek support from the groups. Common reactions from mothers in comments expressing dissatisfaction with doctors include:

- Losing confidence in doctors
- Advising others to consult doctors only for diseases rather than nutrition, sleeping habits, or baby psychology questions, which are better addressed on the Internet.
- Emphasizing the importance of self-learning, taking full responsibility, and disregarding others' opinions.

3.8. What is the group function about the related issues?

Facebook groups serve as a collective memory and consciousness, providing:

- Information from the knowledge of all administrators and experienced parents
- Sharing of both challenges and joys
- Support or warnings for a mother's actions for her baby, akin to an authority
- Ubiquitous and personalized consultation

This opportunity would allow mothers to get personalized advice tailored to their particular situation, and would help them make decisions that are in the best interest of their baby. Additionally, they would be able to benefit from the expertise of others, as well as have access to support networks that can help them through the parenting journey.

For example, in response to a question about a doctor's name before an appointment, a mother shared her experience:

"He recommended us to begin solid food early, and I couldn't convince anyone to wait until 6 months. He can write a book about how to turn young,

new parents' lives into a nightmare! Even though I am not providing details, my eyes brim with tears. Now that it's over, I would not have let him do any of those. Plus, my mom and my husband still trusted the doctor instead of me unless we saw bloody stools on the diaper. It's your first baby; you become helpless, and of course, you trust your doctor. When we changed the doctor, everything was fine in one week." (BLW)

Who would still prefer going to this doctor? Another mother expressed her intention to change her well-known doctor and sought advice from others: "*Dear moms, can you advise me a doctor except for Doctor X?*" (SM)

In another instance, a mother shared a photo of a doctor from a morning TV program, saying:

"A BLW-friendly doctor 😊 Dr. X states that if you begin solid food in puree and give grainy food later on, the baby becomes afraid, never wants to eat because it is afraid of death. Children fed by puree have difficulties with their diets when they grow up. Thumbs up for BLW! 😊" (BLW)

She received 383 likes and 25 comments, indicating the joy of a mother being approved by an authority. Other moms shared in this happiness, writing about how their relatives called them to show the same program, saying, "*The doctor speaks about your method.*" Another mom mentioned sharing the same photo, saying, "*Have we been doing the wrong thing all this time?*"

While the Facebook groups offer an opportunity to gather information, it is challenging for a researcher to determine the final decisions of mothers after receiving advice. There are few messages indicating specific decisions made based on the information received. The most significant aspect highlighted is that these groups provide individuals with the opportunity to seek more information and question practices that have been traditionally accepted for years. Participants in these groups seek to understand more, avoiding being dictated to and rejecting manipulated practices and ideas. It is emphasized in one comment: "*Seek your rights otherwise you have to seek your health*" (NOV).

Ultimately, the dynamics of trust, collective decision-making, and the interaction between online information and medical practices are complex and multifaceted

within these Facebook groups. With this research, we were able to trace mothers' information-seeking needs and behaviours in online groups, but to understand how the decision-making process continues and unfolds, we will complement this research method with journals and in-depth interviews.

4. Summary and Assessment of Facebook Keyword Analysis Method for This Research

The research conducted on Facebook groups using the keyword "doctor" has yielded thousands of messages. The term "doctor" allowed us to gather information related to both health issues, mothers' inquiries, expectations from doctors, and the healthcare system. In this regard, we had the opportunity to observe Facebook users' experiences within their own social discussion groups. We believe that these findings will provide a valuable source for other mothers, health communication experts, and healthcare professionals in designing services. The Facebook research has proven to be a valuable data source for this study.

One of the most prominent aspects within the research was doctor-patient communication. Individuals' expectations in this regard included the doctor being accessible at any time and from anywhere, staying informed about the latest developments, providing detailed explanations, all while maintaining a friendly and A pleasant attitude.

In this context, Facebook groups serve the purpose of suggesting names of doctors who are perceived to better meet individuals' expectations, sharing ideas about what these expectations should entail, providing answers to questions at any time and from anywhere, and offering continuous support to mothers regarding baby care.

The functionality of Facebook groups, as identified in this study, underscores their role in facilitating doctor-patient communication and meeting the informational and emotional needs of individuals seeking health-related guidance. The insights gained from these groups can be a valuable resource for enhancing healthcare services and communication strategies.

PART 2: ANALYSING DIARIES

In this aspect of the research, mothers with infants under 6 months of age who volunteered to participate kept daily journals for six months. Through these journals, we aimed to capture the real-time stresses, changes, experiences, and knowledge needs of mothers throughout the significant transformations that occurred after the baby's birth. Additionally, we sought to understand the role of the internet in the lives of mothers within this sequence.

1. Analysing Procedure for Diaries

As explained in detail within the methodology section, we employ a triangulation method to ensure the credibility and reliability of the research. In addition to the Facebook analysis, we delve deeper into the subject with diaries and interviews, aiming for a better understanding of the challenges faced by mothers in raising infants and the role of the Internet and communication in this process.

This research specifically focuses on the first year of new mothers. The initial year of a baby's life is crucial, requiring constant medical supervision as both the baby and mother adapt to their new roles. Diaries were maintained by 10 volunteer mothers with babies younger than 6 months for a period of 6 months, while mothers with babies aged between 6 and 12 months were analyzed through in-depth interviews. This approach allowed us to gather extensive knowledge and witness women's experiences in taking responsibility for their babies' health. The research is structured around the following questions to systematize the findings consistently with Facebook analysis and interviews:

1. What are the main struggles mothers face regarding health-related issues?
2. Under what circumstances do mothers turn to the Internet for information?
3. How do mothers decide which information is right for their babies?
4. What criteria make a paediatrician "good" in the eyes of a mother? What are the expectations?
5. How do mothers evaluate their experience seeking for health information through the Internet? How online health information seeking is perceived? How do they feel?

6. What can be done for better health information seeking through the Internet?
What are the expectations?

After conducting a pre-interview to grasp the current situation, a small notebook was provided to volunteer mothers for diary entries, accompanied by a note affixed to the first page specifying the information we sought them to record. Once the notebooks were collected, we proceeded with a post-interview. The diary process adhered to the following structure:

DIARY NOTES

Pre-interview/Diary/Post-Interview Notes

Pre-interview form

- Date of start keeping diary
- Age/Occupation/Residence
- Name of your baby/date of birth/sex
- Is the doctor of the baby private/state/primary health clinic?
- Are you satisfied with your doctor? Can you contact the doctor whenever you need?
- Do you seek information before or after seeing the doctor?
- Do you have a specialized medium that you follow such as Facebook group, blogger, scientific journal, hospital website etc.? Why?

Diary Notes (Sticked to the diaries)

- All the research that you do on the internet about the baby (Those can be the research about yourself related to the baby too. For instance, “When do I get pregnant after the birth”, “What is the importance of the father for the baby, and so on”)
- The things you wonder but did not ask to the doctor because of shying or finding unnecessary to ask. Please signify the reason.
- The things you find on the internet are different or similar to medical advice. How did you make the last decision?
- The challenges confronted because of the website (Out of date information, difficulties about filling forms, difficulties about distinguishing the formal information from the advertisement etc.)
- Confusions because of internet
- The solutions owing to internet
- Decisions for buying something

Post-interview form

- What do you think about seeking health information on the internet for making decisions in hindsight? (Opening Qs: Do you advise other moms seeking health info through the Internet? Why).

- What do you think about your experience? Why do people search for health information? What does it give people to make their own health decisions?
- What makes a paediatrician “good” for you? What do you expect from a paediatrician?
- What would you hope to find on the Internet to make better health decisions?

As evident, the pre-interview procedure encompassed gathering information about the mother, the baby, the doctor, and the Internet. Throughout the diary process, we examined the nature of the problems, how mothers decided to address the situations, and the role played by the Internet. In the post-interviews that are conducted 6 months later when the diary-keeping procedure completed, and our focus shifted to the mother's experience and her perception of the situation while seeking information for her baby's health. We also inquired about expectations for improving online health information seeking.

The data were organized in tables following the SGT coding procedure discussed in the method chapter. For privacy reasons, we did not use the babies' exact names in the study, but their birth dates are real. Likewise, mothers who agreed to keep diaries chose nicknames for the study, and their names were not coded to maintain fluidity in the research analysis. A table displaying the participant status is shown in *Table 3.4.* bellow in following section.

2. Participants Volunteered for Keeping Diaries

There were 10 mothers who volunteered to keep diaries, as indicated in *Table 3.4.* All of the women were employed, with only one, Pinar, leaving her job after giving birth. The ages of these mothers ranged from 27 to 41. Some of the participants, noted as "multiple cities" in Table 1, relocated to different places while they were keeping diaries.

The first column of the table indicates the commencement date of diary keeping. The second section contains information about the mother, while the third section provides details related to the baby.

Table 3.4. The status of participants volunteered for keeping diaries

Date	Mother				Baby			
	Mother	Age	Occupation	Place	Baby	Sex	How old the baby was	Sibling
June 17, 2017	Mine	27	Mechanical Engineer	Izmit	1a	Girl	1st to 7th months	Single
July 4, 2017	Gulsah	34	Math Teacher	Konya	2b	Girl	3rd to 9th months	7years older sister
April 16, 2018	Seray	36	Academician astrologist	Istanbul	3c	Boy	2nd to 8th months	Single
December 14,2018	Pınar	39	Dentist Assistant	Istanbul	4d	Girl	4th to 10th months	Single
November 13, 2018	Aysegul	31	General Practitioner	Bingol	5e	Boy	3rd to 9th months	Single
May 18,2018	Leyla	34	Academician	Istanbul and abroad	6f	Girl	1st to 7th months	Single
November 16, 2018	Elem	35	Academician, psychologist	Mersin, Paris, Düzce	7g	Boy	2nd to 8th months	Single
November 8, 2018	Gozde	29	Private Secretary Officer	Düzce	8h	Boy	3rd to 9th months	Single
February 7, 2018	Dilara	40	Academician	Istanbul	9i	Boy	2nd to 8th months	Single
January 11,2020	Esra	31	Academician	Istanbul	10k	Girls	1st to 7th months	Twins

3. Findings and Results

The maternal diaries supported by pre and post interviews provided important data for understanding the needs behind the behaviour of seeking health information, and how individuals overcome challenges to make decisions. In this section, you can observe the analysis of these data towards addressing the research questions through the methods mentioned above.

3.1. What are the main struggles mothers face regarding health-related issues?

The significance of this question lies in the fact that we aimed to obtain responses primarily related to health struggles, encompassing potential physical issues faced by babies or mothers during the first year. However, more profound issues surfaced that impacted both baby and maternal health. Despite not explicitly inquiring about the meaning of motherhood and environmental influences, it became apparent that these factors strongly influence the health of both mother and baby.

Aysegul maintained her diary online through Facebook, willingly sharing her innermost emotions for the research:

Hello. Not bad. Yes, I have a hard time, but it seems there are no easy ways of doing this. My husband is a little distant about support, but he is working long hours. I guess I am in a defensive mode when I read my sentences from a distance. I don't research anything months in advance; I don't buy, I don't do. My longest plans are for one month. We started supplementary food. She was over 6 months last week. Nutrition, health monitoring, vaccinations, dressing, etc. Everything works out somehow. But although I can't confess to anyone, I have the most difficulty in the psychosocial development stage. Of course, I realize that my child is growing up healthy, and his development is proper for his age, and he is happy. But the fear of 'not being enough' has not yet come out of my mind. And probably, it will be there until the day I die. So, I decided that to have quality time with my child, first I should have quality time with myself. I decided to start exercising to restore my physical self-confidence that has collapsed after the birth. It's nice to spend time with my child, but it is a fact that

I can't be with her 24 hours a day. My battery is running out. The work, home, and baby triangle are exhausting. It is nice, but I am not Superman. I don't want to spend time with him; I want to spend quality time with him. My husband is much better and creative at playing games with her although he doesn't research anything. I also have to get away from 'the milk machine' mind. I am her mother, her first teacher. Wow, it is like thinking aloud while writing. A confession to myself. I made a radical decision and decided to enroll in an online course and prepare for the specialty exam. They said, wouldn't it be hard? Sure, it would be difficult. Because of my baby, the adventurous and excited child that I had buried inside me came back. As for my research; Summing up 6 months, growth attacks, feeding/supplementary food, development stages, feeding problems, milking and storage methods, furniture research, how should be the car seat, high chair, and baby bed, etc. When I searched Google, the first websites that I came across are women/mother forums and especially breastfeeding art web pages and baby care books. I didn't research very thoroughly, and I didn't look for safe resources. I tried to adapt everything learned to my knowledge and intuition. Not everything goes exactly as planned. But it is usually good. My priority is to enjoy the time I spend with my child. This is more effective in a family, mother, father, child trio. I hope everything goes like this."

Here, we witness a woman's attempt to restore herself just a few months after giving birth, alongside the challenge of adapting to a new human being. Moreover, while the body is adjusting itself to the baby, everyone is aware that parents cannot sleep, but only new mothers experience the pain in their breasts as they try to sustain a newborn with the few drops that come from their nipples. Dilara talked about this, in a tone she remembered the pain:

- *"The most difficult thing for me was breastfeeding! You can find on the internet how to feed your baby or increase your milk, the breastfeeding positions etc. No one told me that it was a very painful, hard process, even creams with lanolin may not be enough while your teat was bleeding... even my baby could spit blood that comes from my teat. I was so afraid when I saw the blood coming from my baby's mouth, thinking that my baby had an internal bleeding... I was about to freak out! There is nothing you can find on the internet about it... There was also nothing about refusing sucking from teat,*

teat refusal.” (Aysegul)

- How did you learn about this expression? (Researcher)

“- I have learned it from an application ‘wonder weeks’ which is prepared by American paediatricians in an application like an online book. You write the birth day of the baby to the program, and then the program gives you information about neurological developments of your baby with some advice like this can happen you can do that etc. It is in English and helped me a lot. I tried to calm down the baby; I gave an empty feeding bottle and then the teat again and so on.” (Aysegul)

In this pursuit, mothers search for information that serves as a reassurance that everything is normal and that they are adequate for their baby. Seray expresses:

“A mother doesn’t need to hear “Your milk is not enough, the kid is cold that’s why he is getting up, don’t make your baby cold, s/he doesn’t have any socks, don’t hold her/him too much, then s/he will get used to holding”. People are tired of these kinds of advice; they hate these kinds of advice.”

Being a mother requires some learning, even when everything is normal: Knowing how to take care of a newborn, how to handle tantrums, and how to teach important life lessons. It requires patience and understanding, as well as the ability to be flexible and forgiving. Being a mother is a full-time job, and it is a task that never stops.: *“There are no problems with the baby. He is easy, calm and harmonious. But I am a new mom unfortunately.”* (Aysegul)

However, in addition to the mother-baby relationship, a baby is a societal entity. This implies that not only are the parents raising an individual for society, but also anyone from the society thinks it is their right to get involved and offer opinions about the baby. If only they could consider how a mother feels and what she is battling, they could be kinder anyway. Elem was experiencing anxiety due to criticism from her environment:

“My mother, grandmother, some mothers from neighbours... Meeting the mothers from neighbours also creates a lot of stress for me. For example, 7G loves baby biscuits a lot; awesome, we came across once somewhere, he's crazy for it. So I started packing it for the times when we are in a hurry. I was

giving him ones when he wanted. Or when he wanted to eat something at home, I would give him one. He eats only once a day, not a package, only one piece. The women used to say to me, 'How is that possible, how could you give this to this child, how does this child eat this?' 'My child has never eaten sugar, chocolate, he has not eaten this, I fed him okra yesterday evening or something like this.' When I gave him okra and insisted on feeding him okra, he vomited. Do you know what I mean? These caused a lot of stress for me, but now I don't care what anyone says. 7G has his own routine, he has things he likes, I let him eat those things."

In these examples, as we can see, women can be as harshly critical as they are supportive of each other. Esra also felt stuck among her mother and mother-in-law's ideas about her baby's health:

"Of course, mothers, my mother-in-law is more involved. We have conflicted a lot; she is trying to show the correct way. According to our views, the puerperant is not left alone; mothers will be with you, of course, but I could only endure for a week; I did not call the mothers again. They also gave it to my puerperium, but actually I didn't have the time to live like that. At that time, they were trying to dress the children in many layers; we already had central heating, the interior of the house was incredibly hot, bringing the children to 30-35 degrees, dressing in 3 layers of clothes, and wrapping them in thick blankets. I was saying it was too much. "You think they are like you," she said. Anyway, my helper was a very motherly person. So, I did not call the mothers. My au pair was very supportive. She had both her own children, and she loved my daughters very much. She taught me how to wash the children. I couldn't handle the mothers' confusion. After all, in the end, I do what I think."

Actually, we see that mothers are judging themselves continuously while trying to be sufficient for their babies. These judgements are based on their parenting skills and knowledge. Mothers often feel like they need to improve their skills in order to provide the best for their child. This can lead to feelings of stress and anxiety:

- *"Every time I breastfed first and then waited. But I couldn't bear my child crying. I am not resisting now, and if he is hungry, I am giving him formula. So I don't get tired as well. This actually happened because of Tracy Hogg. It*

is really hurtful to feel like a mother who is poisoning her baby with formula. Social pressure is very bad. Fanatic breastfeeding groups. Fanatic friends. Luckily, my mom is very understanding, and she helps me."

- It doesn't mean that you are a bad mother if you say this is overwhelming.

- Yes, I found the group while searching for solutions for the breastfeeding wounds. But I found something when I was reading a book by chance. The type of mother who doesn't like to breastfeed because she doesn't like her breast to be touched. I was also like this. All the wounds happened because I contracted myself. The baby is trying to soften the hard nipple by sucking. Probably I wouldn't talk about this anywhere other than your research. This kind of a problem wouldn't be accepted by people." (Aysegul)

Likewise, Esra has difficulty in arranging private life, spending time with her babies and her work. She struggles to balance her personal and professional life. She feels like she's not giving her full attention to either one:

"It's a bad thing to say this like that about motherhood, but I have no extra time, I work incredibly intensely both because of my school and administrative duties. Someone eats, someone throws it out, if I had time to fight them separately... I don't, my helper is also doing it the easy way trying to get it done as soon as possible. That's why I couldn't try it very much. Once I gave him bread, I came and saw he turned purple. I don't dare again. You really have to spend a lot of time. I cooked a little, I saw that my whole day was in the kitchen, my whole day was spent dealing with them. Fortunately, they are with me, it is something so different."

Due to the desire to do the best for their babies, mothers cannot resist comparing themselves to other mothers, whether on the Internet or in person. This can lead to feelings of inadequacy or envy, and can ultimately lead to guilt or depression:

"I have a friend in America who has twins two months older than 7G, she puts me in a lot of stress. You would be shocked. She gave the kids sleep training when they were 4 months old, cut off their breastfeeding when they were 1, everything they do is on schedule. By the way, her mother-in-law and father-in-law are beside her, so they took care of the children. My friend is a super comfortable person, she made them work like soldiers. The children grew

up on schedule. She would not go out to give their midday naps on time. I went out with 7G saying "are you going to sleep, let's go out, let's go out". Therefore, she caused a lot of stress on me" (Elem).

Mothers' stress can also come from doctors' "must-do" lists or standardized health indicators:

"The biggest problem is food, vaccination, and a growth table. For example, the doctor strangled me in this sense. I don't care at all, but the doctor told me that 7G's height is low compared to his peers. I was very bothered by him. I thought whether he was short or not, is there any developmental delay. For example, there is still the same pressure, my mother-in-law comes to measure the height of the child, I do not measure it. Likewise, they are a few weeks apart from other mothers' kids and mine. And one of the mothers constantly criticizes me; her daughter is very advanced in her development, both her weight and her speech..." When 7G says "Ti" to the truck, the girl says "Come on, let's get on the truck." She would come to me and say get the vocal cords of this child checked; he is not speaking. I don't care about these at all either. Of course, there is the comfort of my profession here, as I study psychology, I do not care about them at all. I believe that he will find his way somewhere, both in speech and development. The development in the first two years is not an indication of anything." (Elem)

When we asked about how they feel with all the struggle they resist, having healthy babies; Seray said that: *"It makes me feel very good and confident. I try to feed my kid healthily. There are 2 things that I can give my child, one is a good immune system and second a good moral system."*, Whereas Dilara thought:

"-It's a huge responsibility. I feel responsible for my baby's neurological development. At this point, I am the decision maker and director in our family. I am so lucky that my copin trusts me a lot and supports me. My husband and grandmothers take care of the baby based on the rules I set. At the beginning they tried to do things, for example giving extra food, according to their knowledge, but I said "No" as a strict and clear way. When they saw the baby was growing very well, they decided that I was raising him in the right way. Baby development was the proof for them. Thus, they all know now what to do

and when to do, when and what to eat... They ask me if they want to give something different. (Dilara)

-How do you feel about it? (Researcher)

-I feel like I succeed. It seems like an egoist approach.. Let's say, I feel that I could do well for my kid. I can raise him healthy, I trust myself, I can prepare him for life healthily. I read a lot about his neurological development which is really important for me. I see from the feedback of the kid we are doing things right. At the beginning It was harder. It was my first baby, there are experienced grandmothers around me. Sometimes I thought that they were showing the truth some other times, I wanted to do things in a different manner keeping my respect. Now everything is ok, they ask me how to do.”(Dilara)

Aysegul thought that mothers wanted to be seen as they were making a tremendous effort for their babies:

“Is there a desire for everyone to become a mother of a hard child? Should I suffer and not sleep? My child is maybe difficult? but it sounds normal to me? I don't know. Having difficulty of being a mother and difficult baby are two separate issues, and the mother can have difficulty in any case. I have no objection to that. Is my son an easy kid too? Good sleeper, tidy, happy, self-playing for a long time. But I don't feel like sharing them, because there is always an objection. So now I'm telling white lies "I haven't slept tonight", "He got fever", "Cried a lot””

Seray brings a different perspective to mothers' endeavour about being sufficient for their babies. According to her, motherhood styles are transmitted from generation to generation:

“We are being a mother as how we were mothered as a kid, how your mother was treating you. If there are any faulty areas there I turned and I was settling the account with my mother, I was looking like her. I was talking to my mother and asking her “why am I doing this, is it because you did this and I am doing this right now?” She started working when I was 4 months old. Crying is a default for us, I don't like it and my mother doesn't like it. We are very rigid people on that issue. I am also doing this to the child. I don't let him express his feelings. It is a very long and painful road, it is a very paranoid way this

motherhood issue and if you are reading a lot, I was talking to my husband and he would say don't read anymore, just relax. I know that information doesn't end, we will keep reading."

It is evident in this section that new mothers face a postpartum environment in which they must adjust to their baby's new life, and this environment cannot be separated from mothers' health decisions. They must also adjust their mental and physical health, as well as their relationships with family and friends. Furthermore, they need to find a balance between giving their baby the best care and taking care of themselves. Finally, they need to find support from a network of family and friends to help them through the transition.

3.2. Under what circumstances do mothers turn to the Internet for information?

After shedding light on the background of being a new mother, we will now focus on the circumstances in which mothers resort to an Internet search when facing health-related problems with their babies. In this context, we inquired about when mothers sought health information online, when they consulted a pediatrician, if they preferred online searches, which platforms they favored, what specific information they were seeking, how they perceived the webpage design, and which devices they typically used for online health information seeking (HIS). The summarized preferences of the mothers are presented in *Table 3.5*.

Starting from the end of the table, it is evident that the primary device used by the mothers was a mobile phone. Starting from the end of the table, it is evident that the primary device used by the mothers was a mobile phone. The mobile phone was the primary device used for communication, research, and entertainment. Esra listed the reasons as follows:

"I use my mobile phone because I have it in my hand most of the time. I don't turn on the computer for anything other than work. The phone is always with me. When I put the girls to sleep or listen to music or something, I have it, and I check all my emails from there. If I don't have to enter information for the school system, I don't turn on the computer. That's why I look at everything from the phone."

Table 3.5. Health information seeking of the diary kept mothers

Mother	When to apply Internet	Which platforms preferred	What is sought on the Internet	Design Effect	Which device is used for HIS
Mine	I have some questions that I search before and there are some that I ask spontaneously.	"I have a mothers' whatsapp group from my yoga and plates class. I don't know many of them. However everyone asks their questions within the group and there is always someone to answer any time. Melis Keşan (psychologist) on Instagram and website. I have some baby tracking applications on my phone such as baby center, wonderful weeks , first 6 year , baby tracker. All of the programs were recommended in my mothers groups. This is how I begin to use them.	Baby bed, sleeping habits, beginning to solid foods, BLW, feeding chairs, vaccination, what to do for high fever, mucused poo, secured attachment, percentile table.	I don't like websites with sound. Because I seek on the Internet while making my baby to sleep and it is really disturbing when a sound makes noise without my control. Turn on screen reader support	mobile phone
Gulsah	If there is nothing urgent, prefers to seek on the Internet	Website: Women Club, Face groups: BLW Turkey, Wish you remedy Facegroup and whatsapp group of the same groups: March, April, May Mothers.	New-born swaddling; benefits/harms, Is rocking the baby to sleep harms?, Should I use feedingbottle and nipple?, Is my milk enough?, Choosing nipple and comments about it, toys/games, mind developing activities, stature for age and	*copy-past information *very fast changing websites thus hardly found information	mobile phone

		Website of Dr. Kadir Tuğcu. He also had a TV program before, I understood when I become a mother (Anne olunca anladım)	weight for age percentiles, timing for solid foods, How long should I continue breastfeeding?, When does a baby sit?, when is the teethe?, When does a baby begin to understand words and commands? Choosing diapers, choosing baby food, pros and cons for long term breastfeeding, losing weight through breastfeeding, can we use silver extract for babies?, child car seat direction for babies, antitussive herbs and expectorants for babies, milk allergy symptoms, comments about choosing baby clothes and belongings, baby video-radiotelephones, benefits and harms of black cummin oil for babies, recipes for babies, toilet training communication, BLW, Neonatal jaundice, Newborn umbilical cord care, umbilical cord dropping time, Is it normal if umbilical cord is bleeding? Newborn breastfeeding technics, things to do	* filling long forms and waiting for the admin to publish it	
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			for flatulence, flatulence drugs, pediatricians bin Konya, Sleeping schedule for newborns, Teaching babies to sleep on its own, infant development, fontanel ossification...		
Seray	i would check the internet more before I went to the doctor there were questions in my mind, I was looking and looking and I was thinking I will talk about these when I go to the doctor. You know when there is something with the child you don't go directly to the doctor, first you check the	Google, woman club, if you are a mother , some mother blogs and newspaper articles Ayşe Öner, Akasya Türkmen, Ceyda düvenci gas massage on YouTube, Breastfeeding art, Wonderweeks app.	1st. Month: Breastfeeding issue 15th day, gas pain: youtube videos and some gas oils and drops from woman club 2nd. Month: Learning from breastfeeding art: Learned a lot from the meaning of faeces colour to side-effects of using nipple and feeding bottles to breastfeeding. Thus I decided to prohibit using these kind of things. From this group I always consider what they say for producing more milk and skinship. 3rd. month: I have so much confusion about baby sleeping routine. I search for almost all approaches from google, I bought books. Then, I met a natural parenthood approach.	Facebook presents a very user-friendly Internet environment. There needs to be AI on the health websites.	mobile phone

	internet and then go to the doctor. And if you are asking if you were satisfied, I was just a little bit. That's the reason I changed the doctor. I am more satisfied and more comfortable with this doctor.		Mindfulness Nilüfer Devecigil and Pedagog Melis Keşan are the ones that I followed on Instagram. 6th. month, is the time for solid food, thus, followed BLW Facebook page and website. I still look at the recipes when I need to. I have asked for advice to "search mothers" Facebook group.		
Pınar	She looks for health issues, yet she does what the doctor says	She uses Google and Instagram ("baby in the kitchen", "playful mom")	Feeding, intelligence, games and books. Blood tests results		mobile phone
Aysegul	Before I go. But this is entirely because I have my own knowledge about how to diagnose, I look so I can analyse it. But if it wasn't for my job, I'd probably go to the doctor	She doesn't like to follow the same person She prefers to seek on Google and keep on searching until she is satisfied. She is combining the info with mother experiences that she thinks she has the same experiences and background with hers.	Breastfeeding and formula milk issues, how to heal mastitis, pure parent problems, solid food baby developments	so much different information	

	first. Then I would try to investigate the treatment.				
Leyla	If there is nothing urgent, prefers to seek on the Internet	There are Facebook groups that I am a member of. I followed sleep educator accounts in periods such as whether we will give sleep training or not. Like websites "Human, baby making, care and repair", "searching mothers". And I follow some doctor's accounts who work in holistic medicine	I asked my husband, he already searched for it. He generally reads from scientific articles and primary sources, not from social media accounts. Since I don't have such time, he can read more. Then we decide together. Vaccination, Mental development, selection of toys, sleep patterns, nutrition, nests, what is Montessori Waldorf etc. Book suggestions, baby development etc.		phone and computer
Elem	I look at it every time, both before and after the doctor.	prima.com.tr, engineer's son, Some doctor pages, yasemin.com, ilkadimlarim.com, ebek.com, anneilgisi.com	Mastitis, Vaccines, how to take a flight with a baby, baby development, organic foods, natural insecticide, symptoms of brain haemorrhage in children,	Old technology web pages that are unclear who run them does not give confidence about health information	mobile phone
Gözde	before I go to the doctor. I want to ask questions to the doctor being informed	She uses google, reads comments and private hospital websites.	Gas, vaccines, formula milk, sudocream, natural appetizers,	Popular forum, and known, reliable hospital pages.	mobile phone

	about the problem. I would like him to answer the questions in my mind				
Dilara	She asks the doctor first then looks at the Internet for more information. And also when she needs advice for games, products, information about neurological development, nutrition etc.	Searching Mothers, Beşer yapım onarım (Human reproduction, respiration) Facebook groups, Instagram social mom, both fit and a mother, didem uzay sarı mom bloggers, gurme bebek, Joyfull mother, wonderweeks app	at first 3rd months of the baby monthly development of baby, breast milk, jaundice, seeking about colic, 4th month: Meeting with solid food Things to buy from abroad Teething pain Sleeping training		mobile phone
Esra	both before and after I search on the internet first.	has a mother friends WhatsApp group, Following Benan Öztürk as an influencer mom friend, and makes google search, There is a motherhood in this work, twins mothers, Internet mothers, Pelin Akil	gas pain, colic babies, baby development chart, faeces colour, receipts, prices	Directing me to a continuous consumption makes me very uncomfortable	mobile phone

Elem uses her mobile phone for HIS for similar reasons: *“Because I had no time to turn on the computer alone while taking care of the child. I was checking the internet in the middle of the night when he slept or while he was sucking.”*. Whereas, Seray cannot even think of any other option could be possible: *“Phone of course. I don’t have any time to get on the computer. You can use it with one hand. And all the mothers I know use phones. The mothers’ who say they are using computers are lying. Not even iPad, the phone is the primary device.”* Gozde prefers mobile phone for HIS due to its convenience: *“It is the phone at this process I was always with the child and the phone is always in my hand so it’s very close very nearby. I have a laptop but turning in on getting on to the website it’s all time consuming. So the phone would be much easier.”*

There may be numerous reasons and aspects for seeking health information, especially for the mothers who kept diaries for this research. However, their stories about how and why they needed health information will pave a path for us to understand the struggles of new mothers. For instance, when Elem was abroad with her son, she had mastitis⁴:

“I called the doctors but nobody could help me. A doctor gave me a very heavy antibiotic and strange things appeared on my child’s face. I said, “I have to solve this problem.” I solved it with olive oil. I found it online. Olive oils in Paris were amazing, the purest state. He was healed, I tell everyone.”

Currently, Turkish mothers are only entitled to 16 weeks of paid maternity leave. As a result, mothers returning to work face two primary challenges: how to leave a very small creature alone and how to maintain breastfeeding. These challenges can be especially difficult for low-income households, where childcare and pumping facilities are scarce as Aysegul explains:

“I have done a lot of research to increase the milk. I was going to start working again and I needed to store the milk. Food, milking after breastfeeding, regular milking every two hours, avoiding stress, drinking a lot of water, malt drinks, fennel etc. All of this information is from the internet and guidebooks. I was accustomed to pumping milk from the first day. But I realised that if I pumped too much, 10 minutes after each breastfeeding, the breast milk didn’t

⁴ Mastitis is characterized by swollen, hot, and painful breasts (NHS, 2023).

increase or decrease because this procedure caused trauma. Of course, this is a personal experience. Maybe it is because I am a new mother and I have been breastfeeding for only 2-3 months. Since I don't normally eat sugar during the day, I was getting tired during the day. When I pressured the desire to eat dessert in the evening, dizziness began. When I had almost a litter of milk production a day and most of it was sugared water, I couldn't convert it from my own tanks. I consume sugary food whenever I feel like it. I don't particularly drink malt drinks but instead I eat oatmeal bread with mixed grain. I am fed up with fennel. Whatever makes gas I eat little by little. I produce more milk with water, sleep and regular physical activity during the day. I am sure these are all personal. Regularly I don't have any problems with breastfeeding right now. Of course, I pay attention to what I eat. I decided not to start milking 15 days before I started working."

Seray believes that the information needs to be sought are changing according to the baby's needs, thus seemingly endless:

"As it was stated in the notebook (the diary), every month what you look for changes. When I first started, breastfeeding was an issue, baby bottle was an issue, teat was an issue. For example, milking was another important issue. After these issues were over, at the second level sleeping was a big issue for us. I got sleeping training and I read about sleeping a lot. I watched a lot of videos and took notes about sleeping. I watched all the famous mothers' experiences, and so on..."

Dilara trusts her paediatrician a lot and engages in health information seeking primarily to find higher quality products for her baby:

"If there is an illness, I don't prefer to seek on the Internet and take action according to that... However, a couple of weeks ago, "9i" was coughing and I learned Vicks has a new product just for babies. On the other hand, I also read that due to that product includes paraben, camphor, etc., And a baby passed away, as I read from the Internet... Doctors' opinions are divided into two who think it can be used and who don't approve of using it. I could not be sure about it, and I asked my pharmacist and learned about nutricina the brand I have already used before, has something for relaxing the chest. So we can

say the Internet helps me to decide about these kinds of things. Besides these, I learn imaginative games, home games, toys that babies do not get bored easily, wooden or knitting toys based on age, books from the Internet. For example, booties...

On the other hand, since Elem doesn't have a doctor, she trusts like Dilara, she tries to reach an alternative expert approach on the Internet:

"When I am feeling confused, I seek alternative expert knowledge. For instance, when this doctor made a statement, I went home, checked international height measurements, found that 7G was within the normal range, and looked at charts from different countries. We need such comparative information; fundamentally, there is a lack of trust among us. Because everything is viewed with bias. They don't believe a child can have their own rhythm, diet style, or that the mother can establish her own routine."

Even doctors may need to seek health information online for practical reasons, as Aysegul pointed out:

"Yeah, even though I'm a doctor, I do search on the Internet for my baby and for my self-health. Because, it is not possible to follow each update if you are not in practice actively. Mothers really have a reason in this regard, I mean for constantly investigating. There's no other way."

Leyla is sceptical about people's willingness to learn; she believes that people are learning because internet access makes information readily available:

"The Internet provides easy access to information, but if there were no internet, would people research what others say about child development? I don't know, maybe they would. I would do it, but having the internet makes it easier. The internet doesn't play a decisive role in my decision-making process. While making my own decisions, my mind is full of ideas, and I research them. But as I mentioned, during this research, I turn to the internet instead of going to the library. Even if I go to the library, maybe I will not be able to find that much information together. I follow the doctor's pages, but I do not accept what they say without questioning; I search again. It provides comfort in research."

Gulsah, in a way, confirms what Leyla says:

"I couldn't (go to a library), Can you? With two kids, housework, work, it is impossible. I cannot even carry a book. I spend my time surfing on the Internet whenever I can. I reach all information whenever I need it. In addition, it is much easier to use the internet as a reference when you need. You cannot say to your friend "Look at this book, page something", instead you can show what s/he needs simultaneously."

This might be the reason why almost all mothers stated that they conduct searches using mobile phones. Dilara imagined what would happen if there were no internet: "I would ask young mothers around me. My baby is lucky that he has grandmothers from both sides. I give importance to their ideas also. Even our babysitter who has a traditional background, she helped me a lot." Apparently, if there were no internet, traditional knowledge would continue to play an influential role in mothers' health decisions, passed down from generation to generation. The internet facilitates the ubiquitous presentation of this transmission from a much broader range of information.

Ultimately, a summary of the health information sought by the mothers who kept diaries can be observed in Table 3." This table provides insights into the type of health advice sought and the sources of advice.

Table 3.6 Mothers' Internet searches

Mother	What is sought on the Internet
Mine	Baby bed, sleeping habits, beginning to solid foods, BLW, feeding chairs, vaccination, what to do for high fever, mucused poo, secured attachment, percentile table.
Gulsah	Newborn swaddling; benefits/harms, Is rocking the baby to sleep harms? Should I use feeding bottle and nipple?, Is my milk enough?, Choosing nipple and comments about it, toys/games, mind developing activities, stature for age and weight for age percentiles, timing for solid foods, How long should I continue breastfeeding?, When does a baby sit?, when is the teethe?, When does a baby begin to understand words and commands? Choosing diapers, choosing baby food, pros and cons for long term breastfeeding, losing weight through breastfeeding, can we use silver extract for babies?, child car seat direction for babies, antitussive herbals and expectorants for babies, milk allergy symptoms, comments about choosing baby clothes and belongings, baby video-radiotelephones, benefits and harms of black cumin oil for

	babies, recipes for babies, toilet training communication, BLW, Neonatal jaundice, Newborn umbilical cord care, umbilical cord dropping time, Is it normal if umbilical cord is bleeding? Newborn breastfeeding techniques, things to do for flatulence, flatulence drugs, paediatricians bin Konya, Sleeping schedule for newborns, Teaching babies to sleep on its own, infant development, fontanel ossification...
Seray	1st. Month: Breastfeeding issue 15th day, gas pain: YouTube videos and some gas oils and drops from woman club 2nd. Month: Learning from breastfeeding art: Learned a lot from the meaning of faeces colour to side-effects of using nipple and feeding bottles to breastfeeding. Thus I decided to prohibit using these kinds of things. From this group I always consider what they say for producing more milk and skinship. 3rd. month: I have so much confusion about sleep routine. I search for almost all approaches from google, I bought books. Then, I met a natural parenthood approach. Mindfulness Nilüfer Devecigil and Pedagog Melis Keşan are the ones that I followed on Instagram. 6th. month, is the time for solid food, thus, followed BLW Facebook page and website. I still look at the recipes when I need to. I have asked for advice to "searching mothers" Facebook groups.
Pınar	Feeding, intelligence, games and books. Blood tests results
Aysegül	Breastfeeding and formula milk issues, how to heal mastitis, pure parent problems, solid food baby developments
Leyla	I asked my husband, he already searched for it. He generally reads from scientific articles and primary sources, not from social media accounts. Since I don't have such time, he can read more. Then we decide together. Vaccination, Mental development, selection of toys, sleep patterns, nutrition, nests, what is Montessori Waldorf etc. Book suggestions, baby development etc.
Elem	Mastitis, Vaccines, how to take a flight with a baby, baby development, organic foods, natural insecticide, symptoms of brain haemorrhage in children,
Gözde	Gas, vaccines, formula milk, Sudocream, natural appetizers,
Dilara	at first 3rd months of the baby monthly development of baby, breast milk, jaundice, seeking about colic, 4th month: Meeting with solid food Things to buy from abroad Teething pain Sleeping training
Esra	gas pain, colic babies, baby development chart, faeces colour, receipts, prices

3.3. How do mothers decide which information is right for their babies?

In the preceding section, we explored the challenges faced by new mothers. Now, our focus will shift to analysing the decision-making process employed by mothers in determining the appropriate health behaviours for their infants.

3.3.1. Mothers' decision-making to consult a doctor

In emergency situations, mothers often adhere to doctors' advice while still relying on their own instincts. Gozde's experience highlights the challenges when following medical guidance, as her son encountered malpractice:

“My baby did not want to eat, it hurt and cried when sucking. We could not bring down his fever. When we saw 40 degrees and the fever reducers in the house did not work, we went to the emergency room. He almost fainted. The situation was diagnosed as an upper respiratory tract infection, leading to the prescription of antibiotics. I used only 2 doses of the antibiotic and my baby had a rash. We went to the emergency room again. The doctor gave a different antibiotic, saying it was allergy. By the way, his fever never went down. That night, my baby's condition worsened significantly, with his entire body breaking out in blisters. He lay there, seemingly unaware of his surroundings. I cried in panic for fear of losing my baby. At 3 in the morning, we set off for Eskişehir to see the doctor I took my son with before. As soon as he saw it, he understood "hand foot and mouth" disease, he said. "He cannot eat anything, give your baby cold foods, stop all medicines, we lift the bans, everything is free to ensure the continuity of nutrition." My son ate ice cream, baby biscuits, and fruit yoghurt for the first time. After 1 week, my son's illness, in which he did not need to take any antibiotics, was cured.”

Gozde experienced heightened concern due to doctors once again, yet she opted to trust her instincts:

"My son experienced another episode of fever, accompanied by a rash on his body. We consulted a doctor who suspected meningococcal symptoms and suggested sending him to medical school for fluid removal from the waist, emphasizing the urgency of the situation. I felt a wave of dizziness upon hearing this. We went to medical school, where they ruled out meningococcus after the

previous misdiagnosis. Due to my lack of trust, my primary goal was to control his fever and seek another doctor's opinion. This time, we headed to Bolu, a private clinic. The doctor concluded that it was not meningococcus, administered a pill orally, and assured us that it was safe. I later discovered online that the drug should not be given to children under 12 years old. My son recovered after an hour, but what damage he inflicted on his body is unknown I grew frustrated with the negligence of the doctors in this situation."

Elem also believed that Elem was also misinformed by a doctor and eventually found her own solution regarding her son's gas pain caused by breast milk:

"For example, one time I asked if the baby might have gas pains from what I ate, and he (the doctor) said no. I ate lentils the day before, I thought that might have done it. I decided not to eat it. One day, there was lentil in something I coincidentally ate, and 7g had a very bad gas pain. Then I realized that what we eat actually has an effect. There is no proper information about this on the internet. Everybody is saying something else, and you simply can't get reliable information. What really makes up the milk, does what we eat get inside the milk? It is really questionable. I tried to find it myself by trial and error."

On the other hand, there are some facts that doctors can reach a consensus on. Esra had a situation like this, and she decided to follow her doctor's advice:

"- So, even though you trust this doctor, he advised against certain practices. What do you do in such a situation?" (Researcher)

"- It just happened yesterday. For the last few weeks, I have been giving the baby a biscuit with the black tea we drink because we were also giving it to my nephews. We are from the Southeast, and the teas are strong, like Ceylan tea. I crushed the tea and biscuits together, thinking nothing would happen. I mentioned it to the doctor yesterday, and she was shocked: 'How can you give black tea?!' I said yes. She said 'No,' I said, 'Nothing happens, nothing will happen,' trying to reassure the doctor. I mentioned that my nephews also drank it, and nothing happened to them. I wonder if the doctor is too worried. But when she strictly said 'No' on the tea issue, we stopped giving it. We also discussed other things; she advised not to feed the baby laying down, and I told her that I

could not feed otherwise. At that time, she confessed, 'I also can't do everything I say.' But when she was very strict on the tea issue, I agreed." (Esra)

In modern medicine, decisions are influenced by profit and loss considerations made by doctors, and individuals can also weigh these factors through the Internet. For example, Gozde noted in her diary, *"I researched about rotavirus and its vaccine, first on the internet and then by asking the nurses. Considering the city I am in and the prevalence rate of the virus, we decided that there is no need for a rotavirus vaccine."* On the contrary, Elem wrote about the same vaccine, *"The doctor advised getting the rotavirus vaccine. I have never read anything good about the rotavirus vaccine. But we did it. There were many immigrants in Mersin at that time, and there was a rotavirus epidemic. A child died from it, and I had it done because of this reason."*

Pinar emphasizes that *"For the things the doctor or I give or do for my baby, it may not benefit my child, but it shouldn't harm her."* Aligning with this perspective, Gozde was prescribed medication but chose not to use that treatment. On the day she was sick, Gozde wrote the following:

"I am very sick; the doctor said I have tonsillitis. When he stated that I was breastfeeding, he only gave me a penicillin injection. I trusted her when she told me that she was also a nursing mother. Physical therapist gave me some medicine. It says that breastfeeding mothers cannot use it. The doctor said that nothing will happen after the baby's 6th month. He also gave a cream, said that it does not get into blood; it does not pass into milk. I have never used the pill. After all, these are drugs that have been tested, used on subjects. If there was no problem, they would not write that breastfeeding mothers cannot use it as a warning. I feel better with cream and massage. I put up with anything for my baby. Long live motherhood!"

Even though Aysegul is a doctor, she struggled to find a paediatrician, especially being new in her town and a new mother. Here is how she described her journey in finding her own way in her diary:

"The biggest challenge that week was my struggle with breastfeeding; I was concerned that my breast milk might not be sufficient. As I attempted to express milk, my breasts became swollen. On the third day, I developed a fever.

I sought information on breastfeeding methods to alleviate the pain and tried various remedies such as lecithin, cabbage, and hot showers, but the situation worsened. By chance, I decided to adopt a method I learned from another doctor-mother, commonly practiced in the Eastern Black Sea region: cold compress. Despite the potential risk of reducing milk supply, I followed my instincts and tried it. After half an hour of applying the compress, I felt fatigued and fell asleep. Upon waking four or five hours later, my fever had subsided, and, on the first attempt, my baby successfully started sucking, and the milk began to flow."

However, she is unsure about what advice to give to other mothers, especially if they find themselves alone:

"The most important question I will ask is whether she knows the correct breastfeeding techniques for her first baby. I would like to suggest that they consult a doctor, but as I mentioned earlier, our friends tend to adopt a medical perspective and forget that patients are unique. My recommendation is for them to find a physician whom they trust, inquire about the latest research, and observe their own experiences. Alternatively, they should educate themselves because most of the time, they will be on their own."

From Aysegul's diary, it is evident how becoming a mother alters a doctor's perspective and approach:

"I now understand the importance of analysing the cause of mastitis and tailoring the method accordingly. Mastitis can be caused by tissue edema buffering the channels or by changes in the fluidity of milk content. Warm compresses work well for one, while cold compresses are effective for the other. Continuous cold compress can reduce milk production, so the analysis and determination of the method should be approached carefully. I have come to realize that most cases recover without the need for antibiotic treatment, a lesson I learned only recently."

In this section, as deduced from the mothers' diaries, it is evident that mothers tend to consult a doctor and follow their advice when they encounter a problem. However, when they observe that the suggested method does not provide a solution or

may harm their babies, they tend to conduct further research and make decisions based on these investigations and observations themselves.

3.3.2. When mothers decide to engage in health information seeking for their babies' health

Rather than consulting a doctor, mothers can also explore alternative treatment methods. Gulsah states, *"I purchase the medications prescribed by the doctor. However, I prefer natural remedies initially. Thus, I search the internet to find solutions. Using prescribed drugs is my last resort. I usually consult with healthcare professionals to validate information I acquire from the internet or for laboratory tests."* How do mothers discern the accuracy of information found on the Internet? In this regard, Leyla declares that:

"The concept of the internet is very broad. We may be looking at a scientific article on the internet, but we could also consult a book from a journal. When framed in that way, everything seems like the internet. Yes, we may not go to the library for everything, but when we compare the resources available in the library with those on social media, we cannot place them in the same category. Even if I make a health decision based on internet research, I do not rely on a comment from Facebook. Individuals who have established credibility in the field have articles and books, and I verify information through them on the internet. I am not inclined to purchase books from the bookstore or visit the library anymore. Except for literature, I read most materials online. The library has already integrated itself with the internet."

She gives importance to where scientific articles are published, by whom it was published, and whether it is supported or not. Leyla believes in the approach of making a decision through research. *"We do not immediately accept what the doctor says as if it is the law."* On the other hand, Dilara places more value on social media, especially on comments from experienced mothers:

"Corporate content, such as hospital pages, doctor's pages, and platforms like Prima, Nutricia, only provides basic or general information that is widely known; there is no specific information. This might be due to health policies in Turkey, such as the prohibition of medicine advertisements, and so on. However, these couldn't shed light on my specific needs. On the other hand, I found the

information I truly needed from the platforms and bloggers that I mentioned. Sometimes, I observed that the baby world has turned into an industrial marketing tool, and it upsets me. In this scenario, every product for a baby becomes an exploitation of parents' sensitivity, and prices are extremely high. Therefore, I tried to choose the best option for me by filtering through all that information. Because of this, I can say that I benefit more from forums and closed Facebook groups."

Leyla pays attention to what is written in the comments as well:

"The social media I follow are only Instagram and Facebook. I look at Instagram comments for purchasing and user reviews from Amazon. I don't need it for clothes; you understand when you touch it anyway. I read the comments about organic sellers for food, books, etc."

As for that, Elem points out misinformation that people share like a fact and how she overcomes it:

"I do not look at what ignorant people write on the forums; some of the warnings are very ignorant. Someone wrote, 'Don't feed your baby with eggs every day because their liver is too small, it hurts.' I searched this from Google Scholars, there is no such thing in scientific articles. I look scientifically. I solved many things by reading alternative things. For example, there are functional medicine sites; I looked at them, I looked at the articles of people who knew about herbs. Medical information, including overseas sites, I take a look at the German forums, the rotavirus extreme, the gas drug of Nurse Harveys... If I can't always trust the Turkish website, then I check German or American sites to see what people are doing."

Unlike Dilara, Esra finds corporate websites' content reliable and prefers those:

"I have to know that the webpages I read are serious and corporate pages. I need to read from certain websites or hospital web pages which are well known. I tried to find my own way when I experienced that not everything is right on pages with lots of comments. I bought vacuum plates before babies. Was recommended by an influencer and became garbage. The vacuum doesn't even stick. Therefore, I try to observe my baby and make a decision based on my own experiences."

Seray has a mixed method for finding the right health information:

"I don't check only one page; I also check for alternatives. I also don't write an issue on Google and check the first three pages that comes up. All the websites that I use are recommended to me. The second important criterion that I would check for a website is the number of people who are following it. The third criterion that I would check would be the content. I don't get the information from the internet; I would find a book about a subject on the internet and then read that book. Or I would follow the people who have a lot of knowledge about a certain subject, and I would follow their websites. I am still following the websites of the opinion leaders on certain issues. For example, Nilüfer Devecigil about sleeping problems. A friend of mine told me to follow Melis Keşan, and I joined her online training. I watched her video, I listened to her."

Researching health information on the Internet can alleviate the burden on healthcare institutions. For example, Gözde expressed her reluctance to immediately take her baby to the hospital, stating, *"I am not a fan of taking my baby to the hospital immediately, although I am very worried about the slightest problem because there are so many diseases and germs there too."* She also recommends others to check symptoms on the Internet but advises not to spend too much time searching. If symptoms become dangerous, she suggests going to the doctor. Gözde emphasizes the importance of not unnecessarily occupying hospital queues for minor issues, stating:

"People go to the hospital for no good reason and they occupy the queue for no good reason. There would be more urgent patients, and they shouldn't be taking their queue. So it's better to check on the Internet, and if it's a small disease like flu or a minor infection, it's better to handle this kind of problem themselves."

From these expressions, it can be understood that mothers decide to search for health information on the internet for reasons such as researching alternative products or methods, reading the opinions of others, comparing information given, evaluating what can be done before consulting a specialist, and conducting further research after consulting a specialist to make the most informed decision for their baby's health. This

indicates that mothers are able to confirm or reaffirm their decisions by searching for health information on the internet.

3.3.3. Maternal observation as the key to final decision

As seen in the statements of mothers, mothers either consult a doctor, turn to the Internet, or utilize both sources to find the right information for their babies. However, how do they ultimately decide which source to follow? Dilara emphasizes that making the right decisions for your baby is a learned process:

"I learned how to make the right decisions. When I was a new mom, I eagerly read everything one by one on the subject I was searching for. Initially, I read institutional pages such as prima, anneysen.com. They became similar to each other, offering general information. Then, I turned to mother blogs for personal experiences. I am not talking about forums like kadınlar kulübü⁵; I was looking at personal blogs and then the influencers. I also read the Facebook comments in closed groups. Finally, I understood that everyone has their own experience, and each one is reproducing this experience as the exact truth. Because each baby is a different individual. Thus, things suggested there, such as sleeping training, implementing treatment, and using drugs, are different for each baby. Therefore, you can only find the best way by observing your baby."

Esra's perspective aligns with Dilara's emphasis on the learning process through experience and observation:

"My approach is guided by personal observation and the knowledge of motherhood that I have gained through experience. Due to my deep affection for children, I actively participated in the upbringing of my nephews. Consequently, I opted not to consult baby care books. A poignant piece of advice from a relative resonated with me: 'Motherhood has no book, my daughter,' she asserted, 'Motherhood is learned through experience; none of us raised children by reading a book.' This philosophy has become my guiding principle, leading me to establish a system rooted in careful observation. While benefiting from the support available to contemporary mothers, facilitated by the accessibility of the

⁵ Kadınlar Kulübü (Women's Club): An online forum where women discuss various topics, provides a platform for women to engage in discussions, share experiences, seek advice, and connect with others who have similar interests or concerns.

internet and increased communication with medical professionals, my approach acknowledges the individuality inherent in each maternal journey."

From this point onward, based on the statements of the mothers, we can analyse how mothers make various health decisions for their babies by observing them:

- When Elem didn't want to use poisoned fly spray for her baby: *"I found two people on the internet regarding the issue of which oils are good for fly spray and brought them."*
- Leyla was very suspicious about vaccines: *"I ask my husband, he comes already searched for it. He generally reads from scientific articles and primary sources, not from social media accounts. Since I don't have such time, he can read more. Then we decide together."*
- Both the paediatricians and the internet did not advise using baby-walkers, but Esra did. Because:

"Children are not something that can be brought up with too many rules or programs. I think trying to regulate it like this makes me tired as well. In other words, the food will be eaten at this time, at this time the child should sleep. I am trying not to get stuck to these kinds of things. There is a walker issue, for example. My influential friend that I follow says never put it in a walker, and doctors do not recommend it, as far as I know, but all of my cousins, we all grew up in the walker. I call mine pandemic babies; they always grew up indoors at home, even when I take them downstairs, they don't enjoy that much. That's why I have to create action inside the house; I don't want them to sit in front of the TV. I feel sad when I see children like that. Sometimes I have to turn on the smartphone while they eat, but I never give the phone to their hands. I am against this. I think the TV should be more under parental control. My children have the most fun when they're on a walker. So I'm trying to say that I do it anyway, even if mothers say otherwise on social media."

- Likewise, Gözde found her way once trying what her mother wanted from her: *"My mother came to visit, saw us very slim and took us into a camp. My son had a banana in the morning, yogurt, plum and apricot at noon; different soups in the evening. Experience always makes a difference."*
- And also observing her environment is another thing to do: *"I observed the people around me, benefited from my mother's experience, researched on the internet and*

came to the conclusion that it was sufficient to keep the baby clean without further isolation from external factors.” (Esra). Esra explains how she came to this point as it is:

“I am not a very finicky mother, but I am trying to research and do what I find logical. If I want to try something on my children, I try it once, if it does not work, I do not force it. The mothers there told us to do it, so I should force that. I don’t do that. Because I think that every child is different from each other, so are their developmental processes. Even the development of my two daughters is different; one has two teeth, the other has nothing yet. Even though they are identical twins, they are different. So if there is anything I need to do from those things I read, I do it. I was researching their weight gain; you know pudding is made from rice flour, I made it myself with the information I read on the internet without asking anyone. If I find something logical, I do it, but I don't do everything I read.”

- Dilara summarizes what is really important on making decisions for babies like:
“The most important thing, as I also wrote in the diary, is observing your baby. Each baby is unique. They tell you everything they need. From the beginning with birth, as it is in feeding pets, its looking, crying, tone and style are exactly changing according to its needs telling you about every need. They are not just babies; they are individuals from birth.”

Up to this point, it is evident that mothers are navigating a multitude of responsibilities, both physical and mental, while shaping the life of their baby through their decisions. In this context, mothers play a crucial role in cultivating society. Examining the health perspective of society, the significance of mothers' decisions for their babies becomes apparent, particularly concerning preventable diseases within the community. At the core of this lies the fundamental principle of treating each little human being with respect as an individual right from the start. And mothers believe that the best way to achieve this is by observing their babies very closely.

3.4. What criteria make a paediatrician "good" in the eyes of a mother? What are the expectations?

In this section, our objective is to explore the expectations mothers have regarding paediatricians, building on the approach employed in the preceding chapter

where we conducted a Facebook analysis using the keyword "Doctor." Table 5 delineates the clinics mothers tend to prefer for their babies' diagnoses, gauges their satisfaction levels with their doctors, and outlines their general expectations from a paediatrician.

Table 3.7. Expectations from a paediatrician

Mother	Private/State/ASM	Satisfaction	What is expected from a paediatrician
Mine	Private. CFH is too far.	Content	Should be kind, soft and playful with kids. Should provide satisfying answers to questions of parents and children. Should be open and clear about what they are saying and what they are doing. Should be careful about their language. I think one of the most important things is, they should be achievable, I could be able to reach my child's paediatrician easily.
Gulsah	Private as a contact, diagnoses by CFH	Didn't need a doctor yet	Diagnosis and treatment is important but I am looking for a smiling face meeting me so that I can have courage to ask my questions without hesitation. S/he must have a confident attitude and sentences about diagnosis and treatment. Must inform about the course of the disease. I'm recording audio so I don't forget my questions, s/he should listen to me patiently.
Seray	Private, their second doctor choice and they are happy with him/her.	The doctor before, she was examining the baby for 5 minutes, I'd pay tons of money to send us back home.	medical knowledge and the way s/he approach life. Directs me to use less medicine to let my immune system fight the disease. Motivating me to believe in myself

		She was a money grubber. Second one is a homeopath and a paediatrician	rather than believing in the medicine. Having a Holistic approach.
Pinar	Private doctor, Their second doctor.	The first one was frighten them and want them to inject extra vaccines. The second doctor is found with a reference. I was satisfied with the way he approached the baby. He approached very nicely and slowly. He didn't hurry with the examination. He didn't prescribe medicine right away.	The way s/he approaches the child. Doctor's knowledge is important. S/he should be open to communication. S/he should be reachable. And s/he should pass on to the money issues right away.
Aysegul	She has not found a doctor to regularly visit	She has just moved to a new city and she does not know it yet. However, she prefers to go to a paediatrician instead of CFH if a health problem occurs	Seeing from the mothers' eyes and considering the background of the mother are important for the doctors. Being a mother changes the style of practising.
Leyla	We went to some doctors to find a doctor suitable for us. A doctor saw 6f at most twice.	We disagreed with the first two doctors, third one is a homeopath and paediatrician with an holistic approach. We are against taking the child to the doctor	It is important for me that he needs to approach the child in a holistic way, to be aware of my family's illnesses and to recommend a method and guide according to that. I expect to have similar approaches on nutrition, medicine with the doctor.

		as long as there is no abnormality	
Elem	Private hospital doctor	He was replying when I wrote, but he had a lot of patients. From time to time, I could not reach.	S/he should really be very concerned, not squint when you ask questions. Patience, caring, giving information.
Gözde	University doctor and CFH for routine controls	There are not too many doctors in Duzce. Either the doctors are full or we can't get any appointments. Happy with the university doctor	Loves kids, make the mother calm, should be clear
Dilara	Private doctor that she has known since childhood.	I trust her a lot. She has a traditional approach, she doesn't write unnecessary prescriptions, she also knows homeopathy. I trust her. She also has Instagram shares. She likes natural treatments and is open-minded.	Renewing her knowledge, and following up the literature. Explaining everything in detail. Supporting breastfeeding
Esra	Private doctor	She changed her doctor; she is content from the second one that she found with a reference	Being able to answer me whenever I call, instead of making worried, doctors should calm mothers' anxiety

3.4.1. The mother-paediatrician relationship and its impact on Mothers' feelings

The purpose of this section of the research is to examine the role a paediatrician who is consistently available and whom the mother is satisfied with plays in maternal health decisions. Dilara, one of the participants who is satisfied with her paediatrician, expresses:

"The paediatrician for my baby was also my doctor when I was a child. Hence, I trust her a lot. She has a traditional approach; she doesn't write unnecessary prescriptions and is knowledgeable about homeopathy. I trust her. She also shares on Instagram (Gives the doctor's name). She favors natural treatments and is open-minded. My gynaecologist also guides me very well about child development and things related to children. For instance, recommending Popolin as a rash cream for my baby, stating that it's the oldest, cheapest, with natural ingredients. My baby is 10 months old, and he has never had any rash. Or he told me that if I leave one of my T-shirts with my baby while he is sleeping, he can sleep better with your smell, and you can have rest. So, I am so satisfied with both of my doctors that I haven't needed to look for someone new."

On the other hand, she thinks that it's a personal impression based on personal expectations from a doctor. Thus, finding a doctor from the internet may not work because actually there is nothing as the "best." Dilara says:

"I benefit a lot in concrete subjects comparing pros and cons through their experiences, like choosing a child car seat, choosing kindergarten, necessity of spending money for gaming groups. There is a consensus at the end of these kinds of debates; I made my decision through it and I have never felt regret. Beyond, for a doctor's advice, there are so many suggestions, as much as the number of members in the group. There are hardly any names repeated. Because everyone advises their own doctor if their experience with the doctor is good. We can understand from this that there is no best treatment or doctor within the health sector."

What Dilara likes about her pediatrician is refreshing her knowledge and explaining everything in detail. She exemplifies what she means as follows:

- "So do you think that medical information changes?" (Researcher)

- *“Of course, it does. If a doctor does not brush up his knowledge, he falls short. For instance, one of my friends passed away because of meningitis, and I am really worried about this illness. Our doctor told me that it was a paid vaccine that is done in the 5th and 9th months. “But now the newest research investigates that it can be done in the 2nd month also. I also read the research and was convinced about it.” When I see her endeavor to follow the newest research, I trust her more. She never lets the prepared food company representatives get into her clinic. She is a mother-friendly doctor. She always supports moms to give breastfeeding. She thinks that even if you have quadruplet babies, your milk will be enough for them. She showed me a photo of an African woman who has nutrition problems that her body is so skinny, yet she was feeding her baby by her teat. I was impressed so much and felt motivated. That is why I trust my doctor. Sometimes she asks me what I expect from her so she can meet our expectations better. Can you imagine? (Dilara)*

However, Esra, Pinar, and Leyla changed their doctors because they didn't find what they expected. Esra elucidates the occasion:

“My babies were born premature, and the professor was from the hospital where I gave birth. He told us to write to him whenever we want, but he was never there or he was writing very briefly, which didn't comfort me at all. For example, I couldn't feed one of my babies because of the colic, and I wrote it to the doctor if we were supposed to do something; he just said, “Don't feed when they cry” (wry smile). We decided to go to another pediatrician that our nephews were going to, and we were feeling much better in every sense; both the answers from WhatsApp and the diagnosis style were so different, calming me down with his/her explanations, sufficient, satisfactory answers.”

Pinar changed her pediatrician due to the doctors' unwillingness to work with kids and prescribing medicine that can be harmful to a baby: *“Doctors don't advise natural stuff; they advise the stuff that's in the market. I think they want the medicine market to grow. I am not saying it for all the doctors, but for some of them, I believe so.”* Later on, she decides to try the doctor who was recommended by her sister-in-law:

- "I was satisfied with the way the doctor approached the baby very nicely and slowly. He didn't hurry with the examination. S/he didn't prescribe medicine right away. (Pinar)
- How was it made you feel? (Researcher)
- Felt better with him. S/he was natural, he was relaxed and comforted me. I panicked a little bit and he calmed me down. So, I liked it and we kept going to him." (Pinar)

Leyla finds all medical interventions unnecessary unless something emergent occurs:

"We are against taking the child to the doctor as long as there is no abnormality. We took him to the doctor three times, for height and weight checks and to find out if there is any hip dislocation or something. After her fontanelle was closed, we did not take him. There was no need to go to the doctor regularly because she was not vaccinated and sick. For this reason, she did not have a doctor who was constantly watching. As a result of our search to find a doctor focused on holistic medicine, we came across the third doctor."

Unfortunately, Elem could not find a paediatrician that aligns with her preferences, leading to confusion, hesitation, and anxiety:

"You can't trust the doctor when they tell you something, but don't provide enough evidence. They just say, 'If you don't do that, your child will face something terrible,' but they don't provide information about the potential side effects of the vaccine." (Elem)

"Is the doctor using scare tactics?" (Researcher)

"Of course, they somehow convince you at that moment. Mine said, 'Three of my patients died because of this, one is 3 years old, one is 1.5 years old. I warned their families about going to the hospital, but they took them home because they thought it was diarrhea, and we lost the children.' After hearing such things, I had it done. I faced a lot of trouble after vaccination. Introducing solid foods was the part that stressed me the most. Also, dealing with gas pains, I almost never received any support from the doctor despite asking about everything. For example, if 7G refuses to eat something, the doctor only put so much pressure on me, saying, 'No, you have to feed with something now.'" (Elem)

Hereby, we aim to explore the role of the mother-paediatrician relationship on maternal health decisions, focusing on the experiences and satisfaction levels of different mothers with their paediatricians. It is clear that the mother-paediatrician relationship significantly influences maternal health decisions, impacting mothers' satisfaction and trust in medical advice. Each mother's experience is unique, emphasizing the need for a personalized approach in healthcare.

3.4.2. Conveying information obtained from the Internet to the doctor

Empowering patients through information sharing and collaborative decision-making in the doctor-patient relationship is advocated in various health declarations. The information acquired from the internet can be considered in this framework when a patient communicates it to the doctor. Esra provides an example for this matter as follows:

"The last thing I searched is why my twins haven't gained any weight this month for the first time. I suggested to the doctor whether to start spoon feeding. It was recommended by an influencer mother on Instagram; the influencer mother is also my friend. She recommends the spoon food that is advised by her own doctor as well. She feeds her kids with spoon foods and recommends it to her followers. She even has interviews with her doctor on her page. So, I told our doctor that I was seeing that the children of those who grow their children with spoon food were overweight and bonny, yet you have never offered us anything like that. The doctor said, 'Yes, you can use it, right?' For example, the internet had such an effect on me. So, I suggested to my doctor what I followed and learned from the Internet. I came home in the evening; we were using Hipp; I was already using the follow-on milk, and Hipp's spoon foods."

Dilara proudly shares an instance where her paediatrician requested a product photo to offer advice to other patients:

"She also provides examples from her patients. For instance, when my baby began to get bored with the high chair and wanted to sit with us at the table, I found an apparatus that is set up as a regular chair. Our doctor places significant importance on the socialization of babies. When I showed her the picture, she asked for my permission to share it on her Instagram account to benefit her other patients."

On the contrary, Elem has a paediatrician who fails to cooperate regarding gathered information and alternatives:

"Patience, caring, giving information. These are what I expect from a doctor. When the mom is under specialist attack, it is normal that she knows a lot. When we move these to the clinic, they should take it normal. Not in a way, 'What kind of question is this, don't believe them.' They take it as an insult to their profession. I took him to the doctor once, he said, 'Did you start introducing solid food?' I said I couldn't start; 7G had a very heavy flu at that time, the child was barely sucking anyway, I asked what I should give. The doctor was a very relaxed doctor, 'We grew up in the village, we ate everything, never mind, just give something to him.' I searched on the Internet that I was supposed to give yogurt instead of milk, for example. S/he should really be very concerned, not squint when you ask questions. For example, I was very hesitant about the vaccines, and he was very angry about it. He was telling me not to ask questions about vaccines. But I was researching what would happen with each vaccine. Doctors' attention makes them better. In terms of knowledge, everyone in a medical school is more or less the same; they read the same syllabus, they are exposed to the same information. Thus, patience makes the difference..."

Leyla emphasizes the power of being a mother to fulfill a baby's needs, including medical practices if there is nothing emergent. She believes that she researches an issue much more deeply than many practitioners, and being with the baby allows her to observe closely every minute.

"It is crucial for me that a doctor approaches the child in a holistic manner, is aware of my family's medical history, and recommends a method according to that, providing guidance. Additionally, I expect us to share similar views on nutrition, medicine... Although he is a doctor and I did not study medicine, the information they read is accessible. Today, it seems to me that you can acquire medical knowledge externally. While you cannot perform surgery, classical medical education here follows a specific curriculum. Hence, the saying "you are not a doctor, how will you know," and "everyone searches the internet and tells us something" is not entirely correct. After all, we are not forming an opinion based on the first page we see on the Internet. We conduct 7-8 months of research on a topic, sometimes even longer, and we read from

truly up-to-date international sources, etc. Most doctors may not have enough proficiency in English to do this or may not need to do it to improve themselves. Because there is already a patient population, many have a commercial approach. It is also crucial that a doctor should not approach things commercially. Also, if the child is healthy and the doctor insists on seeing the child every month, this seems unreasonable to me. The mother would understand the child best, whether it is sad, ill, tired, etc. After all, I spend 24 hours with her, and the doctor sees her for 15-20 minutes. It is more challenging for the doctor to understand if the child has an anomaly.”

Under this heading, as understood from the mothers' expressions, mothers aim to enrich both the doctor's and their own knowledge by sharing the information they obtain from the internet with the doctor. Another emphasis is that since the mother spends time with the baby constantly and conducts comprehensive research when there is a problem to find a solution, they want the mother's knowledge and questions not to be underestimated by doctors.

3.4.3. What mothers genuinely expect from a paediatrician

We observed that mothers attach significance to observation, intuitively understanding their babies' needs, trusting their instincts to navigate the best path for their infants, all alongside a comprehensive knowledge of health-related matters. Seray articulates her perspective in the following manner:

"The doctor's knowledge, not only in terms of medical expertise but also life knowledge, encompasses the way they approach life and their profession. You can't dissociate the doctor from their upbringing, thoughts, ideas, and intellectualism. A better doctor for me is someone who can present alternatives that empower my immune system to combat diseases. A doctor should serve as a motivator for me because the healing process is something deeply personal."

In a similar vein, for Esra, a good paediatrician is expected to share a similar parenting perspective with hers.

Dilara is satisfied with her paediatrician who meets all her expectations. She illustrates her point by providing examples directly from her doctor to explain what might be required:

"I want to explain this with our paediatrician's behaviours: She behaves in the same manner regardless of the mother's occupation. When 9i was a little bit ill, after she diagnosed him, the doctor told me to put on his clothes and have a rest. When I sat where she showed me, she took a big anatomy atlas and began to explain to me all diseases that can occur due to nasal flow, showing on that atlas. Whatever I ask, she explained every possibility one by one. I ask even if I could give a promenade or mandarin, she answers like a professor giving a lecture to her students in the medicine faculty; she is convincing me that way."

Gozde emphasizes that the doctor should perform their job in a fatherly manner:

"The way the doctor approaches the child, the way he/she examines the child, you can understand what kind of a doctor s/he is. People who don't like animals shouldn't be veterinarians; likewise, people who don't like children shouldn't be paediatricians."

Aysegul acknowledges that her approach to her job has been affected after becoming a mother:

"Indeed, it was a very good question. I've become calmer, more patient, and more understanding. I see the depths I never thought of (can she afford it, does she have any money, can it be applied to what I said...) and mothers around me are calmer because every mother has a concern that her doctor will not understand her, and they want to be understood by a physician who is a mother. I always liked to examine children, but babies are just a closed box. Even my baby examinations are different now. Sometimes I love without noticing. My motherhood changed my practicing, and my practicing changed my motherhood. And I hope it benefits my environment. Because physicians, information, and opportunities are everywhere, but healing can't always be found. Healing begins with communication."

In this section, it is evident that mothers are not seeking a mere checklist readily available on the Internet from a paediatrician. Instead, they desire a doctor who can serve as a life coach, forming a collaborative team to make informed decisions for the health of their babies.

3.5. How do mothers evaluate their experience seeking for health information through the Internet?

To answer this question, we will focus on the thoughts and concerns of mothers regarding their health information seeking (HIS) experience related to their babies. In this context, we will examine the experiences of mothers who have searched for health information on the internet, whether they share what they have learned with others, and their concerns that they want everyone pays attention to when seeking health information online.

3.5.1. What mothers achieve from health information seeking

Gulsah wants to look at a problem from different angles; that's why she is involved in HIS:

"A doctor might see a symptom from one dimension, a book can be written from one side. However, the Internet gives all voices an opportunity. Some of them (comments) would be professionals earning money from what they advise. Yet, if there are many comments that are talking about almost the same experience, I trust them. It prevents me from being a one-dimensional woman. For my first daughter, I used many antibiotics that were given by medicines, but nowadays, it is talked about as unnecessary. I read a lot on the Internet, I read other people's experiences, I have mine too. I bring them together, and now I trust the power of my own body that can recover itself with natural touches. At least it is my decision."

Leyla desires to find her own way, whereas even doctors cannot come to a consensus:

"Because doctors are human beings and what they say does not match each other. Even when you look at the current events, a doctor says a mask is necessary and another says it is harmful. Likewise, while there are those who say these vaccines are harmful, others say they are not. I also prefer to make my own decision based on my own research."

Seray thinks seeing other people having the same problems is relaxing for someone worried:

"The reason for being uneasy is uncertainty. The information you receive makes the uncertainty disappear. When I went to the doctor, the doctor told me to go and meet with other mothers who have children the same age as I do. 'You are not alone; it is not only your problem.' In the same manner, information you gather from the Internet makes you uneasy, then comfortable."

Mine shares the same opinion with Seray:

"Finding many different ideas together makes you understand that there is nothing such as good or bad motherhood/fatherhood if we don't consider extreme things. We just have choices for raising our babies. Understanding this was really relaxing for me."

Evidently, health information seeking involves exploring different dimensions of an issue, empowering individuals to make informed decisions, and fostering a sense of community in their journey through motherhood. This knowledge not only aids in making better choices regarding their babies' health but also enhances their understanding of various conditions, especially when they face challenges in accessing a nearby accessible doctor. In the end, they experience a sense of accomplishment in their role as mothers, feeling successful in their pursuit of providing the best care for their children.

3.5.2. Whether mothers share their own ideas online

All the participating mothers in this study affirmed their engagement as health information seekers on the internet. They derive benefit from others' comments to navigate their own paths. Consequently, we inquire about their contributions to the online information pool. Dilara stated: *"Yes, I do write if I know something about the subject or product. Giraffe Sophie, booties that I have already learned a lot about, Mustela product I have already told."*

Elem and Gulsah utilize the information they gather from the Internet for the benefit of those close to them:

"I do not write, usually do not comment. I am writing to my friends who will give birth. I can say a lot of things directly to my friends who have a problem. I don't have time to write a blog or anything. The daughter of my neighbor was

born very tiny and she was very worried. She keeps asking about the height of my child. I calm down her anxiety." (Gulsah)

Mine is hesitant to write comments due to fear of insulting people: "No, I am too shy to write something. Sometimes people write comments in a manner that they can never tell it that way in face-to-face communication. It would be disturbing for me too. That might be the reason why I do not write comments.". On the contrary, Pinar considers other mothers and refrains from writing any comments: "*Something I write can sound negative for another mother. She can feel inadequate. So I don't interfere.*"

None of these mothers have a blog or Instagram account as an influencer. However, Esra wants to open an Instagram account. Still, because her family elders are afraid of the evil eye for the babies, she is planning to do that with another account name. These expressions show us that mothers tend not to write any information unless they are sure that the information they give is reliable. They are also hesitant about being criticized.

3.5.3. Considerations regarding online health information seeking

Mothers did not only mention positive sides of HIS, they have also shared their concerns. The concerns of mothers can be summarized as an increase in anxiety, the credibility and presentation style of the information provided, and the presence of misleading copy-paste information. You can examine the detailed titles of this section below.

3.5.3.1. Escalation of anxiety levels

Mothers expressed apprehension regarding the potential escalation of anxiety levels due to the abundance of health information. The fear of encountering alarming or distressing content online was a common concern. Elem reflects on the parallel between anxiety levels and her profession as a psychologist: "*All of these, the ones written there, are stressing mothers a lot, increasing their anxiety level. Even when getting the right information, the side effect of this is the anxiety.*"

On the other hand, Esra tries to focus on the positive side of HIS: "*We search for more information to eliminate our worries. Those who are very anxious in terms of*

motherhood have the risk of worrying more, but when there are small question marks like me, I can do it to relieve that confusion."

The question here is how mothers can manage this process; Elem insists that: *"It continues with us, does not go away. That anxiety also makes the mother lose her mind trying to decide if she made it right or wrong."* Apart from her worries, she has an observation and suggestion:

"Doctors do not relieve our anxiety, do not give that confidence. If they give us that confidence. For example, if a nurse came and told us when we first went to the hospital, 'if you have mastitis, use these oils'. Now I am recommending a lot of things to friends who will have birth. I recommend the clothes they can use, the wet wipes, I tell them about a lot of things. There is nobody who tells us these things, if one day someone appears and tells us these things, or the hospital itself gives us a handbook, we will not have such a problem. When we cannot get such information from the doctor, of course, we have to research everything on the internet. Good thing we have the internet. Or who would answer all these questions? There is so much information here that we need to be able to distinguish it well."

No matter what, we can say that questioning and seeking information are fundamental needs inherent to human nature. Leyla's words confirm this approach: *"Questioning is always a recommended thing, this can happen from the internet and in other ways. Unquestioned life is life unlived 😊".*

3.5.3.2. Reliability and credibility issues

Mothers emphasized the need for discerning reliable sources to ensure the accuracy and trustworthiness of the information accessed. No matter if it's a social media influencer or a website, there are numerous promotions for baby products to encourage consumption. Esra emphasizes the same issue: *"I believe their pages include too many commercial contents. I asked one of them, who was a friend of mine, if the products they recommend are really the products they use, and she answered 'no.' I had my suspicions!"* Esra professes that:

"What the doctor said was enough in the past, but now it is not enough. Although doctors give their contact information, you can ask to some extent.

Then it's a comforting thing to see other mothers' experiences. Because, as I said, I don't feel bad when I can't do what's advised there. I act according to my logic, but knowing that I can get information from there when I want, relieves me frankly. So yes, I would recommend it(HIS) to other mothers."

And she adds paying attention to which information is sincere and which information is advertising while surfing the internet: *"In order to understand which site has an advertisement smell and where the written comment may be fake, you need to be able to differentiate them."*

3.5.3.3. Misleading copy-paste information

Verifying the accuracy of health information online presented challenges for mothers. Navigating conflicting advice and opinions on health topics posed, the prevalence of misleading copy-paste information raised apprehensions. Dilara expresses, *"I am just looking for data, information. I haven't decided which doctor to go to, or how to treat something through the Internet. I also do not advise other people to use the Internet for the same reasons. There is lots of disinformation and copy-paste information."*

How mothers overcome these issues rely on observing and making decisions according to their babies again. For instance, Aysegul finds her way out by observing her baby: *"Oftentimes, they are almost the opposite of each other. Then I try. I anticipate and try the option that is suitable for my child."* Pinar also indicates her baby as a decision-maker at the last point. *"Yes, there are some common issues such as babies liking routine. But for other issues, every child is different, and you know your child best. I don't use all the information I received. It depends on how much the baby receives."*

Health webpage design, information reliability, and credibility are topics debated worldwide as its details were discussed in the *Chapter 1*. A health information platform should provide its users with accessibility, reliability, and credibility in order to empower them to make informed health decisions.

3.6. What can be done for better health information seeking through the Internet? What are expectations?

Probably, Henry Ford was mistaken in saying that he could only make faster horses if he had asked people what to do⁶. He could have received answers to produce more environmentally friendly, natural solutions instead of asphalt paving in cities. Because when we ask mothers what can be done for better Health Information Seeking (HIS) online, mothers have made very good suggestions.

Guidebooks for writing health news: Dilara suggests that:

"There should be guidebooks for health reporters, as in foreign countries. There are guidebooks published by Yale, Harvard public health schools. In a book like that, there are word descriptions that can be used for some diseases and diagnostics. This way, it could be possible to prevent hate speech, alienation, discrimination, and disinformation in writing health news. There should be moderators for the websites. Some of the blogger moms are really good, but some others smell like advertisements. I know that it is a big job, but the Ministry of Health should do something to increase health literacy within society. So-called experts should be avoided from reaching the public through TV or social media."

Support groups for postpartum mothers: Elem's idea is to form support groups for postpartum mothers:

"There may be such support groups where all mothers can gather and talk, and relieve the other mothers' anxiety. This is very important; something can be created that all mothers in that neighbourhood can go to, even for an hour, to relieve the mother's anxiety. Because it's a very anxious process. As mothers, we are trying to keep a living being alive. It means a lot for our collective unconscious. Trying to keep something alive... Even when we put aside all those hormones, insomnia, and physical processes, it is a very difficult job"

⁶ The statement attributing to Henry Ford is actually noted to be originally from John McNeece: "There is a problem trying to figure out what people want by canvassing them. I mean, if Henry Ford canvassed people on whether or not he should build a motor car, they'd probably tell him what they really wanted was a faster horse." meaning that to accomplish a task, one must start as soon as possible and use one's creativity (Şahinoğlu, Bir, Tansel, Akın, & Dönmez, 2020).

psychologically and as a responsibility. So there is a need for support. Maybe a postpartum support group or group therapy..."

Democracy and right to information act: Leyla is concerned about democracy and the right to information act; she wants to see different ideas take part equally:

"Today, if you write something against the mainstream media on Google, it will not appear immediately on the first page, some things are hidden, some things are deleted, censored, etc. Censorship is unfortunately something that is also on the internet, and even if it is not censored, it is still hard to find; you cannot reach the right source without knowing it. One should also know the research method. There could be objective information about the research methods online in google. A platform where different opinions are reflected equally in the first rows would be better."

AI Program or expert for rapid answers: Elem suggests an AI program, website, or expert where people can ask and get the right answer rapidly:

"Experts should write more. For example, there are people who I follow, there is a professor at the 9 Eylul University, I cook our meals according to him, I tailor our cooking styles according to him, but there is no such paediatrician. I think this is a very painful thing. Not even one. I follow a lot of paediatricians, but none of them tell people what to do. They write only irrelevant stuff."

Mine wishes for a credible website: *"There must be some websites that we can trust, where we don't feel the need to question the information that is written. I wish there could be a solution about facts of health."*

Seray would like to join a support group website with experts, as is done abroad:

"We should have websites where we ask questions and get answers back. That's why Facebook closed groups are very important and they should live. I realized that in foreign countries there are very good websites like 'patients like me,' which have algorithms that you write down your sickness, you write down your information, and they get back to you with a map. A pedagogue, a

psychologist, a doctor, or a nurse, there should be a website where you should be able to reach all these people."

Long-term results of health decisions: Gulsah points out that people are looking and writing comments for certain issues; however, we don't know their decision's long-term results, which could be great to give better health decisions.

In order to obtain better health information online, there are many things we can do. These tips include researching reliable sources, understanding privacy and security concerns, and keeping information up-to-date. We will be presenting and discussing them throughout this research.

4. Summary and Assessment of Diary Keeping Method for This Research

In this section of the research, we aimed to explore answers to our research questions based on data obtained from diaries supported by pre and post interviews. It became evident that having a doctor with whom mothers can discuss the information they acquire, especially related to the health decisions for their babies, is a reassuring factor. Indeed, what mothers truly desire is to approach their babies with the right mindset, and having their methods validated by someone knowledgeable in the field, affirming their competence as mothers.

Mothers' insistence on researching without relying solely on one source, including doctors, and their efforts to observe their babies and choose the most appropriate methods can be interpreted as an indication of how seriously and meticulously they take their role as mothers. However, beyond this, it is crucial not to overlook how individuals strive to make their own health decisions, seeking support from doctors, and even if they cannot find such support, how they become part of this information-sharing network through their communication and decision-making mechanisms, thanks to the opportunities provided by the internet. In this sense, the methods suggested by mothers for obtaining health information better are guiding principles that all experts involved in public health policies should consider.

Diaries are considered primary tools for gathering information about people's daily lives, spontaneous thoughts, and experiences. We opted for this method to gain more insight into mothers' experiences as they navigate through the challenges of ensuring the well-being of their babies. Our expectation was to capture their immediate struggles, emotions, solutions, decisions, and more. However, we encountered several challenges in collecting data through diaries, and the reasons can be summarized as follows:

- a) The volunteer mothers, instead of being given six months to write diaries, did not even fill the small notebook provided by the researcher, citing a lack of time.
- b) Given that Turkish society is rooted in oral transmission, keeping a diary may have proven difficult for mothers.

Anticipating these challenges, the researcher, who is also a mother of two, implemented diaries supported by pre and post interviews. Post interviews allowed for addressing missing information, clarifying diary entries, and accommodating mothers' preferences regarding diary-keeping methods, timing, and interview formats. For instance, one mother opted to share diary entries via private messages on Facebook, another used sticky notes instead of a diary, two mothers lost their diaries, and one sent regular messages through WhatsApp. Interviews were conducted over the phone, Zoom, or Facebook calls, depending on the mothers' availability.

The length of the diary entries varied, with the shortest being two pages and the longest spanning 48 pages. Other entries were 29, 16, 8, and 7 pages, respectively. While the diary notes alone were not sufficient to address the research questions, the combination of diaries with pre and post interviews enriched the dataset and provided valuable insights for the research.

The diaries were maintained by mothers with babies younger than six months, and semi-structured interviews were conducted with mothers whose babies were between 6-12 months or those who had a second baby within a three-year interval. The next chapter will delve deeper into this topic, offering a more comprehensive understanding of the issues at hand.

PART 3: ANALYSING INTERVIEWS

In this segment of the research, in-depth interviews were conducted with mothers of infants aged 6-12 months. Within the community of mothers, a nonverbal hierarchy is acknowledged: a mother who has surpassed the newborn period is considered experienced and takes pleasure in extending support and sharing her experiences with mothers of newborns and other peers. Building upon this observation, we sought to evaluate mothers' perspectives on this phase. In this regard, our investigation focused on how they utilized the internet and examined their modes of communication with other mothers, doctors, and information sources for decision making.

1. Analysing Procedure for Interviews

Through in-depth interviews, our objective was to gain insights into the experiences of mothers regarding the challenges encountered in the decision-making process and the strategies employed to overcome them. Following the principles of triangulation, we sought answers to the same set of questions used in daily analyses, this time through semi-structured interviews. Our research questions were as follows:

1. What are the main struggles mothers face regarding health-related issues?
2. Under what circumstances do mothers turn to the Internet for information?
3. How do mothers decide which information is right for their babies?
4. What criteria make a paediatrician "good" in the eyes of a mother? What are the expectations?
5. How do mothers evaluate their experience seeking for health information through the Internet? How online health information seeking is perceived? How do they feel?
6. What can be done for better health information seeking through the Internet? What are the expectations?

In this instance, our focus shifted from mothers grappling with newborns to those with infants aged 6-12 months, exploring their encounters with the search for health-related information. Just as in the pre-interview section of the diary analysis, the initial segment focused on acquiring participants' demographic information, preferences regarding healthcare providers, and habits related to searching for health information.

This section was categorized as the decision-making background (Part 1). In the subsequent part (Part 2), participants were directly queried about their health information seeking practices and the decision-making processes they employed. Finally, in Part 3, participants were prompted to assess their overall experiences with seeking health information on the Internet. Interview questions are formulated as the interview form provided below in order to review the sequentially posed questions:

Part 1. Decision making background

- Age/Occupation/Residence (If you prefer not to tell it, you can either write a small town, a city, a village etc.)
- Name of your baby (can be a nick name) / date of birth/sex
- Does the doctor of the baby work for private/state/primary health clinic?
- Are you satisfied with the doctor? Can you contact with the doctor whenever you need?
- What makes a good paediatrician “good”, in other words, what is your expectation from a paediatricist?
- Do you seek for information before or after seeing the doctor? Why? Can you explain please? What did you seek for on the Internet?
- Have you ever had any situation that your doctor advised you to do something for your baby, yet you think doing something else was better for your baby’s benefit so you did what you know as the truth? How did you reach such a conclusion?
- Have you ever had any situation that you did your doctor’s advice about your baby and you regretted to do it when you read one another application could be better for your baby? How did you manage the situation? Can you explain it please?
- Do you have specialized medium that you follow such as Facebook group, blogger, scientific journal, hospital website etc.? How did you hear about them? How did those internet pages gain your trust? What are pros and cons of following those kinds of web pages?

Part 2. Decision making phase

- What did you seek for on Internet about your baby? It can be also about your own health information seeking if it is related to your baby.
- The things you wonder but did not ask to the doctor because of shying or finding unnecessary to ask. Please signify the reason.
- When the things you find on internet different or similar to a medical advice, how did you make the last decision?
- Have you ever had any confusions because of internet? How did you manage that? How did you make the last decision?
- Have you got any solutions owing to Internet, you think that “What could I do if there were no Internet”? Can you explain please?
- Do you seek for what to buy on Internet or decide to buy things for your baby when you see on Internet? Can you please explain?
- The challenges confronted because of the website design? (Out of date information, difficulties about filling forms, difficulties about distinguishing the formal information from the advertisement etc.) Can you please explain how the design affects you and your decisions?

Part 3. Thoughts on Decision making experience

- What do you think about seeking health information on Internet, using Internet for health decision making in hindsight? Do you advise others too?

- What do you think about the role Internet has in your health decision-making process?
 - Which device do you use for seeking health information? (Laptop, tablet, mobile phone)
 - Do you write a blog about your motherhood experience? Do you also write answers/comments to questions on the pages you follow? Why, can you tell me?
- What would you hope to find on Internet to make better health decisions, what would be done?

Ten mothers, self-identified as active seekers of health information on the Internet for their infants, volunteered for interviews. Participants were recruited through an announcement in selected Facebook groups and utilizing a snowball sampling technique. The interview durations ranged from 26 to 75 minutes, with an average duration of around 45 minutes. Notably, one participant opted to engage in the research via Facebook messages. Consequently, questions were posed, responses were provided, and the exchange continued iteratively until the completion of the interview. The study was subjected to analysis employing the SGT analysis method. Within this framework, the texts were segmented into distinct units, subsequently synthesized to form coherent wholes, aligning with the overarching research questions.

2. Participants Volunteered for Interviews

Ten mothers were engaged in the interview process, as delineated in *Table 3.8.* below. All participants were employed, with the exception of Tuğba, who discontinued her employment post-childbirth. The ages of the mothers ranged from 22 to 39, with Tenger being the youngest at 22. They exhibited a collective profile of being well-educated and gainfully employed individuals. Notably, only two participants had previous experience as mothers with two young children as siblings, while the remainder were first-time mothers. It is worth mentioning that Özlem, indicated as residing in "multiple cities" in the table, alternated between living in different cities at specific times of the year. Conversely, Tenger chose not to disclose her current place of residence.

The first column of Table 3.8. indicates the interview date. The second section contains information about the mother, while the third section provides details about the baby. This table provides a comprehensive overview of the mother and child data collected.

Table 3.8. The status of participants volunteered for interviews

	Mother				Baby			
Date	Mother	Age	Occupation	Place	Baby	Sex	Baby's age	Siblings
May 4, 2021	Berrin	32	Teacher	Mersin	11a	Girl	8 months	Single
November 22, 2018	Tenger	22	Teacher, blogger	A little town in Turkey	12b	Girl	7 Months	Single
November 07, 2018	Özlem	36	Teacher, forensic specialist, occupational safety specialist, tourism professional	Istanbul/ Mersin	13c	2 girls	2 months and 20 months	Siblings
21 Mayıs 2021	Tuğba	31	A café owner, not working after kids	Manisa	14d	2 girls	7 months and 5,5 years old	2 Siblings
November 12, 2020	Bihter	35	Engineer	Istanbul	15e	boy	7,5	Single
January 16, 2020	Dilek	36	Computer Engineer, blogger	Istanbul	16f		8 Months	Singe
May 11, 2021	Dilan	30	Education Marketing Specialist	London	17g	Boy	11 months	Single
November 22, 2018	Eylem	39	Academician	Istanbul	18h	Boy	10 Months	Single
May 4, 2020	Tülay	37	TV Producer	Istanbul	19i	Boy	12 months	Single
November 16, 2018	Özge	35	Teacher	Metropol	20k	Boy	8 months	Single

3. Findings and Results

The interviews yielded crucial data for comprehending the underlying needs influencing health information-seeking behaviour and elucidating how individuals navigate challenges to arrive at informed decisions. While mothers exhibited a degree of confidence and clarity in their objectives, they expressed a continued reliance on interpersonal networks for additional information and support to enhance the quality of health-related decisions for their infants. The ensuing section provides an analysis of these data in relation to addressing the research questions using the aforementioned methods.

3.1. What are the main struggles mothers face regarding health-related issues?

Similar to our approach with diaries, we extended inquiries to encompass the social and environmental dimensions of issues related to infants' health during the interview process. Each participant's experience proved distinctive, evolving in response to their family dynamics and environmental conditions. Consequently, apprehensions regarding a baby's well-being commenced even before the actual arrival of the child:

"I have a deep affection for children, and being a teacher amplifies this sentiment. Nevertheless, the perennial question lingered: should I bring a child into the world, or would it be an ordeal for them? Can I provide what they truly deserve? Am I capable of being deserving? The surrounding environment, undoubtedly, plays a significant role, coupled with the presence of apprehension. However, being a mother is undeniably the role I aspire to most" (Tenger)

Becoming a new mother entails a process of adaptation; it introduces a hiatus from contemporary living and instigates an earnest endeavour to reconnect with the natural. Paradoxically, this quest for the natural is pursued not in the outdoors but within the online realm, firmly entrenched in the comfort zone of modern life. Mothers, in their pursuit of providing a natural lifestyle for their infants, explore options such as natural food, diapers, clothing, and more. A considerable number of mothers embark

on the journey of crafting homemade items using online recipes and ideas. Tenger's anxiety, reflective of her quest to find optimal natural solutions for her baby through online research, virtual consultations with doctors, and adopting a trial-and-error approach based on acquired knowledge, exemplifies the collective effort of mothers striving for a natural lifestyle in the contemporary era:

"I purchase from a woman engaged in organic farming for the past four years. I refrain from introducing bleach or any similar products into my household, and I limit my grocery shopping to essentials. Allow me to share that I make a conscious effort to acquire natural items whenever feasible, and I even produce my own detergent. I strive to engage in simple, yet environmentally conscious practices like these." (Tenger)

Modern medicine offers swift, practical, and statistically validated solutions, which, while effective, may be perceived as potentially misleading for mothers attuned to their babies' natural rhythms and inclined towards exploring natural alternatives. A notable example is Özge, who felt misguided by a doctor's advice to switch to formula milk for newborn jaundice, resulting in her baby rejecting breast milk. This experience led her to question the guidance she received and emphasized the importance of conducting thorough personal research. On the other hand, Tülay and Dilan became mothers during the Coronavirus Pandemic, complicating their access to health institutions for regular check-ups. Relying on online information became crucial for them in these circumstances.

Balancing motherhood with workforce participation poses an additional challenge. Tuğba, a mother of two, expressed her difficulty in returning to work to care for her children, highlighting the struggle faced by mothers in deciding whether to return to work after the 16-week post-birth leave in Turkey and arranging appropriate childcare.

In summary, mothers face two primary challenges in the latter half of their babies' first year: First, the pursuit of a natural and healthy lifestyle amidst a fast-paced, pre-prepared world; and second, the complexities of caregiving for an infant who still requires substantial attention while navigating the transition back to the workforce, confronting economic and environmental factors.

3.2. Under what circumstances do mothers turn to the Internet for information?

Here, we examined the timing, motivations, and specific topics that mothers sought information about on the Internet. We inquired about the instances when they sought health information online, the occasions when they consulted paediatricians, their platform preferences for online searches, the nature of their search queries, their perceptions of webpage design, and the devices commonly used for online health information seeking (OHIS). To begin, OHIS preferences of the mothers are summarized in the table below.

Table 3.9. Health information seeking of the interviewed mothers

Mother	When to apply Internet	Which platforms preferred	What is sought on the Internet	Design Effect	Which device is used for HIS
Berrin	More like to search before she goes to a doctor to ask questions and after too. It has been a habit occurred before baby was born	BLW, Happy kids app, Gourmet Baby, many Instagram and Facebook pages: Supplementary Food Mothers” page on Instagram. Aymen Balıkçı, a physicist, Abdullah Özyurt a cardiologist, their Instagram pages. Her doctor on Instagram with Nursena nickname. Premature mother groups	Premature babies, percentile table, cerebral Palsy risk, right/left hand usage	Ads cover the whole screen and does not close. web sites that are difficult to use	mobile phone

Tenger	All the time; having anxiety trying to find the best natural solutions for her baby, asking to the doctors online	Groups against vaccination, modern day weapon of mass destruction, we are living healthy, vitaminger (vitamin family), doctors with a holistic medicine approach. Doktorsites.com (doctor site), PubMed, e-lactancia	Vaccine, thyroids, fever, doctors, books, shampoo, diapers, organic diapers, ingredients of personal care products, washable diapers, organic fabric clothes, etc.	easy to use, translation to English for websites in other languages, based on scientific facts, References, who is the author	computer
Özlem	Before going a doctor; to understand if there is something emergent	women's club, Blue Angel, I am Merve's Mother	nipple wound, breastfeeding methods, increasing breast milk, fennel cumin, rash, ingredients of cosmetics or medicine, when is it dangerous to hit the head, solid food	It is important to write words with spaces, to be understandable	computer and phone
Tuğba	after going a doctor; to combine ideas	Food detective, food engineer, cooker mom,	reflux, cosmetics, food receipts, baby development, rash	doesn't like dark, dull, and coming out advertisements from left and right. Want to see baby photos	Computer
Bihter	both before and after; she wants to hear real life experiences	Demis kitchen, Sinem Canpolat	milking machine, the phone in my hand, why the baby cries, how to manage the colic baby, how to calm him down, BLW, sleeping	Content is important	
Dilek	before going to a doctor to exchange ideas	YouTube, Facebook, Instagram	baby care, vegan feeding, sleeping methods	poorly designed or outdated websites means for her there are problems with security issues	mobile phone

Dilan	to avoid going to the doctor because of the Covid pandemic	Kido kid app, lactation consultants and dieticians on Instagram, BLW, British school	Development of a baby, nutrition, sleeping methods	navigation problems	mobile phone
Eylem	Before and after to exchange ideas with the doctor	Facebook group for mothers of December'17 babies, what to expect forums, attachment parenting group, and this group has also has a separate heading for the babies born on December 17, In Instagram; attachment parenting page, child development specialist's pages and academican mother, mother forums from ABD, Canada and Turkey. "attachment parenting", "beyond sleeping training"	heel blood test results, baby crying, sleeping, breastfeeding, herbal teas, flatulent foods, allergy, milk and dairy products	doesn't like tightly written complex design and disturbing colours. writer is important,	mobile phone
Tülay	to avoid going to the doctor because of the Covid pandemic		recipes, sleeping, thrush	reliability of the source is important	mobile phone
Özge	before and after to find the best path for her baby	mother groups on Facebook, articles on Google academics, child doctor's pages on Instagram	what to eat which month, recipes, finding activities, breastfeeding, feeding formula without a bottle and eye infection,	simple information regarding to research, the date should be current and not a lot of visuals	mobile phone

3.2.1. When to apply to the Internet for information:

As evident, each developmental stage of a baby poses challenges that necessitate a mother's constant adaptation and rescheduling. Consequently, the subjects of their research evolve accordingly. Mothers actively sought information on the Internet to

exchange ideas and discover optimal methods for their babies. Notably, the significance of identifying a reliable doctor and aligning online findings with professional medical advice became apparent. This interaction could occur either through face-to-face consultations or via online platforms, especially in cases where physical visits were hindered by financial, temporal, or geographical constraints. Despite these engagements, nearly all mothers expressed a level of scepticism toward blindly accepting information, whether from a doctor or online sources, particularly when it pertained to their infants' well-being.

For instance, Tenger recounted an instance where her baby received antibiotic treatment, although the ailment was attributed to the Sixth Disease, for which there is no specific treatment aside from comforting the child. She elucidates her approach to research needs as follows:

"I had the option to administer the antibiotic that was prescribed, even though my baby didn't necessarily need it. I maintain a sceptical stance toward both perspectives. I don't adhere to the belief in one absolute truth. In fact, I harbour reservations about the World Health Organization. Consequently, I am dissatisfied with doctors who strictly adhere to their guidelines without engaging in conversation or leveraging their individual knowledge. In the event of an issue, I certainly conduct my own research, even consulting sources like PubMed. However, it's worth noting that the studies on such platforms can sometimes be less substantial, and, believe me, the comments on Facebook occasionally offer more meaningful insights."

Gamze expressed regret over relying solely on the advice of the doctor at the hospital where she gave birth. Consequently, she decided to take matters into her own hands and conduct thorough research independently. She elaborated on her approach:

"I search the internet before or after I go to the doctor. I don't trust the doctors completely because of the problems we had through. Especially for the child doctors, if one says A, the other one might say B. That's why I search the internet and then try to make a decision logically."

Mothers engage in continuous research to discern the optimal path for their babies. Eylem, after conducting online searches, articulates this iterative process as follows:

"I ask my doctor about practices in the USA, what mothers do in Canada, and how it's done in Turkey, seeking his opinion on each. He patiently addresses each inquiry. Subsequently, after the doctor provides information or prescribes medication, I once again turn to mother groups to learn about the experiences of other mothers who used the same drug, its potential side effects, and other relevant details."

Tuğba adopts a similar approach in combining ideas and seeking information:

"Even if advice comes from a doctor, I cannot accept it without research. I also read people's experiences, but I don't accept them as absolute truths. Through questioning and thorough research, I aim to identify what will be most suitable for my child."

In summary, mothers navigate the challenges of each developmental stage of their babies by actively seeking information on the Internet. This research evolves with the changing needs of their infants, emphasizing the importance of identifying a trustworthy doctor and aligning online findings with professional medical advice. Despite engagements with healthcare professionals, mothers' express scepticism towards blindly accepting information, both from doctors and online sources, particularly when it comes to their infants' well-being.

3.2.2. Information seeking on the internet and preferred platforms among mothers

Mothers predominantly sought information related to the development of their babies, as understanding the milestones in physical and mental health is crucial. Notably, mothers demonstrated a keen interest in applications such as "What to Expect," "Wonder Weeks," and "Kidokid," along with actively participating in mother groups with peers who gave birth around the same months.

A significant developmental stage commences in the second half of the first year, marked by the introduction of solid food. Correspondingly, mothers engaged in

constant research on how to navigate this transition and what practices to adopt for their babies. Remarkably, platforms providing information about nutrition emerged as indispensable resources for mothers, often cited as more helpful than consultations with doctors as you can see in the following examples:

"We consistently need to seek medical information from the doctor. However, for certain health-related topics, like nutrition, I believe it is unnecessary to consult the doctor when information is readily available on the internet." (Özge)

"Doctors may suggest mixing breakfast and feeding it in a certain way. Personally, I've never found it appropriate to combine things. Instead, I prefer to give each component separately. My son's guidance has influenced my approach in this regard." (Tuğba)

"I search for recipes, tips on how to cook, and how to better care for my baby on the internet." (Tülay)

Another issue prompting mothers to turn to the internet instead of consulting a doctor was related to sleep methods and comforting a crying baby. However, the most sought-after topic online was related to what to buy and how to ensure the well-being of a baby. In such instances, mothers tended to seek advice from individuals who had similar circumstances or experiences. An illustrative example can be found in Bihter's comments regarding Damla Seftalicioğlu's Instagram page, which she followed closely and valued for insights on what to purchase and how to navigate various aspects of baby care:

"Her page is usually about the kitchen. I came across it during my postpartum period. My baby was just around one month old, and it was a particularly challenging time. She, too, had a baby 3,5 months old and was going through a very difficult period. When my baby was one month old, hers was about 3.5 months old. Her posts were not typical influencer content with the usual 'life is so beautiful' messages; rather, they depicted the challenges of the postpartum period. In other words, she shared her postpartum experience authentically. As her child grew older, she shifted to product recommendations. However, during that challenging time, I learned a lot about baby care and found a helpful book through her. She also advocated against sleep training, which left a lasting impression on me." (Bihter)

Mothers predominantly sought information on the Internet regarding the development of their babies, particularly focusing on milestones crucial for understanding their physical and mental health. This involved utilizing applications such as "What to Expect," "Wonder Weeks," and "Kidokid," as well as joining mother groups with peers who had given birth around the same months. Another significant area of interest for mothers was the introduction of solid food during the second half of the first year, prompting continuous research on nutrition. Platforms providing information about nutrition were notably more referenced than doctors in this context. Additionally, mothers frequently sought information on sleep methods and comforting a crying baby online instead of consulting a doctor. However, the most consulted topic on the internet pertained to what to buy and how to enhance the overall well-being of their babies. In these instances, mothers often sought advice from individuals with similar circumstances illustrating the significance of peer experiences in shaping mothers' choices.

3.2.3. How information design in online platforms affects mothers' decisions

Mothers actively sought out pages and apps that catered to their information needs and were deemed trustworthy. The design of online platforms played a significant role in influencing mothers' perceptions of the reliability of information sources. While they often preferred checking pages affiliated with doctors or hospitals for information on diseases, credibility was also attributed to ordinary individuals who had developed expertise in specific health issues or conducted research on baby products and methods.

Dilek emphasized the impact of website design on her preferences, stating, *"Website design obviously affects it. I don't prefer to shop from a poorly designed or outdated website because if the website looks bad, it could also be a security issue."* This underlines the importance mothers placed on the visual presentation and functionality of online platforms in assessing the credibility of the information provided.

Eylem articulates how design significantly influences her perceptions of the information provided and subsequently shapes her decision-making process:

"I really don't like tightly written complex designs, especially for mobile phone applications. If the information is presented clearly, and I can easily find what I am looking for, I can read and comprehend more effectively. Otherwise, I perceive that the information is not authored by professionals, lacks reliability, and appears neglected without proper organization. Consequently, I doubt that it is not composed by experts in that particular subject. The choice of colours is also crucial; if a website is excessively colourful and shiny, it becomes disturbing to me, leading me to abandon reading that webpage. Moreover, when making decisions about hospitals, I explore their websites and assess their design. These aspects significantly impact me. For instance, Acibadem Hospital has an online application, and A hospital that provides such conveniences is more likely to appeal to me. This is because they enhance life through internet-based services, making the decision-making process more favourable."

An essential aspect of health information design revolves around the distinguishability of advertisements. Firstly, it is prohibited for doctors in Turkey to endorse any medical products or institutions, preventing the promotion of products or services as if recommended by a doctor. Additionally, the replacement of advertisements should be user-friendly.

Berrin highlights challenges related to intrusive advertisements, stating, *"The ad covers the whole screen, and when I try to close it, it does not close. I encounter such problems frequently. Besides, there may be sites that are difficult to use."* Tugba expresses her preferences concerning advertisements, stating,

"I don't like sites with too many ads. Websites that display advertisements throughout, with excessive brightness, bother me. When I am searching for information about a child, I expect to see pictures of children the most. It is more cheerful and appears reliable. This way, I believe that the website builders are making an effort for children. Frankly, I dislike sites that are dark, dull, and have advertisements popping up from left and right."

Both perspectives underscore the significance of user-friendly designs and minimal, non-intrusive advertisements in maintaining the effectiveness and credibility of health information platforms.

Mothers also revealed their inclination to purchase baby-related products online, with online shopping evolving from a choice to a necessity, particularly after the Covid-19 pandemic. However, technical issues in the design of online shopping pages can influence customers' preferences for alternative platforms. Dilan's experience serves as a notable example of how mothers perceive these challenges:

"A site should have excellent navigation, especially. For instance, on some sites, I was about to go crazy. I added something to the cart, and there was no cart. I was confused about where to click. Normally, there should be a basket icon in the upper right corner, and 'I' should be written, so I could view what was in my basket. But there was no basket icon. It also has to be mobile-friendly. I believe that no one can turn on the computer, especially with a baby."

Dilan's perspective emphasizes the importance of user-friendly navigation and mobile compatibility in the design of online shopping pages, underlining the challenges mothers face and the need for seamless experiences, especially when dealing with the responsibilities of caring for a baby.

As we can see from mothers' expressions, Information design has a significant impact on mothers' decision making in online platforms. Mothers actively seek trustworthy sources and often base their decisions on the perceived reliability and user-friendliness of online platforms. The design elements, including clarity in presentation, ease of navigation, and visual aesthetics, significantly influence mothers' perceptions of the credibility of information. Features such as well-organized layouts, clear content, and minimal advertisements contribute to a positive user experience. Additionally, mothers prioritize mobile-friendly designs, especially considering the challenges of accessing information while caring for a baby. The distinguishability and user-friendly replacement of advertisements also play a crucial role in shaping mothers' preferences. Ultimately, a well-designed online platform enhances mothers' confidence in the information provided, influencing their decisions related to baby care, health, and product choices.

2.3.4. Devices used for information seeking among mothers

Mothers' primary choice of device for seeking health information on the internet, as seen in Table 3.9, is the mobile phone. This finding is consistent with the data

obtained from the diaries. Even when the participants were not directly asked this question, they expressed that they searched for information on their mobile phones while their babies were asleep. Dilan mentioned, mobile phones were the primary devices that mothers used for information seeking with their babies. However, when they wanted to search for medical information from medical journals, they preferred computers. Other mother explanations indicating the same reasons:

“Mobile phone, because, I can't open the computer. On the mobile phone, I can take a screenshot, I can share it easily, I can take notes. I share with my husband.” (Tulay)

“I usually do my research on my cell phone. That's when I put 6f to sleep anyway. I don't get a chance to go to the computer much!” (Dilek)

These statements suggest that mothers may not have sufficient time or environments to conduct research on a computer while spending time with their babies. Thus, they underline the importance of health information platforms being designed in a mobile-friendly manner, considering the predominant use of mobile phones for information seeking among mothers.

3.3. How do mothers decide which information is right for their babies?

In an effort to comprehend the decision-making process of mothers based on their experiences with various challenges, we identified the following steps during the final decision-making phase: seeking online assistance and consulting with doctors, obtaining spousal and peer support, and tailoring these inputs to determine the most suitable course of action for their child.

3.3.1. Online help and asking to doctors

We observed that when mothers encountered concerns or faced issues with their babies, they frequently turned to the internet to gain insights into the situation before taking any action. Mothers often re-evaluated the advice from their own doctors by cross-referencing it with information available online. For instance, Tenger, in line with her personal preferences, found doctors who resonated with her thoughts online. She purchased books that aligned with her preferred treatment methods and followed online pages of doctors and experts. Tenger made decisions after synthesizing these diverse sources: *“Even if I have to buy just a simple drug, I write down the content*

immediately and search for it on PubMed.” Tenger, who was hesitant about vaccinating her children, sought support from doctors who shared her views online since she couldn't physically visit them, residing in a smaller city, hours away from Ankara or Istanbul where these doctors were based. She expressed satisfaction because her queries were easily addressed online.

Another interviewee is a vegan mother who shares vegan recipes on her Instagram account. Similar to others, she has a pediatrician who understands and supports her family's vegan diet. Dilek ensures that the information she shares is beneficial for people and her family by seeking support from doctors who align with her dietary choices. She then considers these doctors' advice before making decisions:

“I decide by researching that the information I have given is correct. I'm a little more careful about the baby, but we already have our doctor there. In addition, there are other doctors whose opinions I follow; I cannot be satisfied with what a single doctor says. Frankly, I do not hesitate to share something that a doctor has endorsed as true. But, for example, I wouldn't say, “I know better, I know more accurately, I researched it on the internet” on a subject where all doctors say “no, this will not happen.” Like, for example, about the vaccine. Of course, I cannot say, “No, I did research, this is wrong” when all doctors say that vaccination is necessary.” (Dilek).

As Özlem highlighted, another option for decision-making was seeking blood tests from doctors and deciding on a course of action based on the information gathered from the internet: *“I do blood tests every 6 months to see what happened, vitamin B, iron, etc. These are important. Accordingly, I draw a road map.”* (Özlem).

Mothers exhibited a high level of skepticism towards any information provided, not just from doctors or the information itself, but because they were striving to shield their babies from any potential harm that could result from the final decisions made. Eylem's experience reflects this cautious approach; her baby was prescribed a medication that she deemed excessive, prompting her to consult another doctor from abroad: *“We called and asked a famous pediatrician from France, and he said it could have been extremely harmful. And then we decided not to give it as our doctor wanted. To sum up, we sought the opinion of another doctor.”* (Eylem). Eylem explained the

underlying emotional pressure that mothers feel, even when the information or treatment is provided by a doctor: *“I don’t know this very little organism; it is not like us. It’s a very little human being. I don’t know how it is going to be affected when a drug is given, and I feel guilty. Thus, I try not to give any drugs if my doctor doesn’t recommend it.”* (Eylem).

Throughout this process, mothers engaged in a multifaceted approach, seeking prescriptions from the internet, consulting with other mothers, and reaching out to additional doctors as they navigated their decision-making. Ozge elaborated on her approach when faced with conflicting information from the doctor and the internet:

“If there is a discrepancy regarding the information that I received from the doctor and the internet, then I ask another doctor. I write to the doctor that I follow on Instagram. Or I read the comments of doctors on the internet. There are comments of mothers on the Facebook pages that I follow. I read academic articles. I make my decisions based on the thoughts that I think are most logical and trustworthy. For example, our doctor told me that my baby can eat the white side of the egg even though he is not 1 year old yet. I researched it and decided not to feed him the white side of the egg before he is 1 year old.” (Ozge).

In this context, the internet assumes the role of a primary advisor, connecting mothers with various individuals, experts, and authoritative sources from whom they seek guidance, ultimately shaping their perspectives. Mothers not only acquire information but also mold their thoughts in the process. Bihter, for instance, seeks advice from doctors, watches videos created by medical professionals and experts, follows influencers, and reads books recommended by them. Ultimately, she emphasizes her discerning approach: *“I never blindly believe what is written; I read opposing comments as well. I usually go with my feelings. I always question myself what is right or what is not for my baby.”* (Bihter).

3.3.2. The involvement and support of fathers in decision-making regarding babies' health

Another crucial aspect highlighted in the interviews was that mothers preferred not to make decisions about their babies in isolation. Fathers were acknowledged for their role in providing emotional and practical support, contributing to a collaborative

decision-making process. Mothers highlighted the importance of sharing responsibilities and decisions with their spouses, emphasizing the positive impact on their confidence and the overall well-being of the family. Özlem emphasized the importance of spousal support and stated,

"Spousal support is very important. When he supports you, you feel that you are not alone in your decision. Because this is your child, it is not like anything. When two people make the decision, you are much more confident. When you make the decision alone, you can say whether I made the decision right or wrong, but if you decide at the same time, you lighten the burden. It is very important, very... Even if there is no spouse, it can be a sister, or a mother who approves what you are doing right, no, you are doing wrong." (Özlem).

In this regard, they sought support primarily from their spouses, followed by friends and the experiences of other mothers on the internet. Tenger, whose husband worked long hours, found great support for health decisions from her father. She expressed a desire to share this significant responsibility with her husband: *"I wish I could share this great responsibility with my husband,"* she wished (Tenger).

In Turkish culture, mothers and mothers-in-law are often relied upon for consultation or assistance with their grandchildren. However, when it comes to babies' health, their information appears to be outdated, and modern mothers prefer to forge their own paths:

"I am 37 years old, so my mother's last birth was 38 years ago. A lot has changed since then. In fact, since these concepts change almost annually, I consult them, of course, but frankly, I do not ask too much, both not to worry them too much and because the information and medicine are constantly changing," (Tulay).

"I was asking my mom. However, the answers were so old-fashioned; she didn't know or remember..." (Eylem).

This reflects a recognition among mothers that, while the older generation can provide valuable insights, the fast-paced changes in medical knowledge and practices necessitate seeking more current sources of information. In this context, the support received from spouses and making decisions by researching together about the baby's

health has been emphasized as significantly important for women in terms of sharing responsibility.

3.3.3. Maternal observation is the key to final decision

The interviews revealed that mothers approached their decisions regarding their babies with a level of scepticism, emphasizing the importance of personal research and observation; to fit their needs best, to protect them, beyond keeping them alive. Tugba emphasized her cautious approach to advice, stating that:

“Even if an advice is coming from a doctor, I cannot accept it without research. I am also reading people’s experiences, but I am not accepting them as a truth neither. So by questioning and researching I am trying to find out things that will fit my child best.”(Tugba)

This reflective and research-oriented approach underscores the importance of critical thinking and individualized decision-making in her parenting journey.

Additionally, mothers are in a constant state of observation, trying to identify problems and come to conclusions around the clock. Tugba emphasizes the role of children in guiding their mothers on various issues, highlighting her practice of making decisions based on the child's directions: *“Children always direct their mothers on many issues anyway. That's why I always make decisions based on the child's cues.”* (Tuğba).

The final understanding of the "optimal" practice of watching the baby was, in essence, grounded in a fundamental motive: the maternal instinct.

“After all, there are many schools, but how the baby reacts is also important. No matter what we read or hear, ultimately, the mother shapes her decision according to the baby's reaction. For example, if I believed that after leaving the baby's room, the baby was worse and crying every night, what I read wouldn't matter to me; I would buy that baby again. The subject comes to him last. A mother knows best what a baby needs. We are shaped according to our baby; no matter what we read on the internet, no matter what the doctor says...” (Tülay).

From these expressions, it can be understood that mothers tend to research information from various online sources, including doctors and their social circles. Furthermore, beyond this, observing their babies and being able to make the most accurate decision based on the baby's needs is crucial for them. This instinctual understanding, deeply rooted in the maternal bond, takes precedence over other information sources, including internet resources or doctor recommendations.

3.4. What criteria make a paediatrician "good" in the eyes of a mother?

What are the expectations?

In this section, our aim was to explore the interactions between mothers and their infants' paediatricians, along with the expectations mothers have from doctors. This analysis contributes to our understanding of the information-seeking requirements and decision-making processes of mothers, paralleling the approaches utilized in Facebook and diary analyses. Presented below is a comprehensive table summarizing the relationships and expectations that mothers maintain with their paediatricians.

Table 3.10. Mothers' satisfaction with paediatricians and their expectations

Mother	Private/State/FHC	Satisfaction	What is expected from a paediatrician
Berrin	Private and University hospital due to premature birth controls	She is happy with the doctor. She can reach whenever she wants. He records his voice and sends answers to my questions. He is a very busy doctor; this is how he can catch up with questions. We are waiting for his answers, unless there is an emergency. During an emergency, he advises you to call constantly so that he can be aware.	good communication with kids, calming mother, explains why things happen, makes statements, avoids prescribing unnecessary medicine, available
Tenger	University hospital and private ones	She is reaching the doctors who satisfies her online or by phone and goes to a university doctor for regular controls	Should know alternative medicine such as aromatherapy, homeopathy, avoids prescribing unnecessary medicine, unprejudiced, questioning the necessity of vaccines, doesn't advise grain groups before bed time

Özlem	doesn't have a fixed doctor because of living two different cities	If a doctor does not observe your child regularly, what s/he says is mechanic.	Emphatic, being a parent, calming, good communication with kids
Tuğba	Private doctor who has followed both of her kids since their birth	She is very happy with their doctor, has been going him for 5 years; He is like a brother for them. He knows her personality and understands if there is a problem from her voice.	Knowing family and following baby regularly. Good communication, calming mother, being a parent
Bihter	Private	Even though, she has found her little bit careless, she things that he was a good doctor.	Being positive, being calming, available, makes explanations
Dilek	Private, goes regularly	Beyond meeting expectations, he/she also supports vegan nutrition.	updates himself, open-minded, good communication with parents, available
Dilan	FHC and home health service	she was always searching for approach according to her style and having courses about that issue	supportive, knows about alternative nutrition methods
Eylem	Private, changed two doctors before	She is very satisfied with the paediatrician; she can reach when she needs.	loving kids, needs to be a very good observer, also listen the mother and settle the mother down, explain answers in detail, affordable, available.
Tülay	Private doctor from where she gave birth	Because of Covid, they did not want to contact with the doctor a lot. She is asking a nurse from FHC	Showing that he or she listens and understands us, good communication with the baby; showing that s/he loves babies
Özge	Private	Happy with her doctor. She can reach him whenever she wants	expert in his field, being nutrition specialist, a breastfeeding advisor and should have psychological knowledge in addition to child diseases. Calming, explains in details.

Effective Communication with Infants: Mothers emphasized the significance of paediatricians having good communication skills with babies. They expressed a desire for their babies not to undergo mechanical examinations, considering that infants may not comprehend the process. Berrin articulated her sentiments by stating,

“A doctor’s approach to the baby is really important. I even changed the previous doctor in this regard because, at the moment my baby lied on his back on the stretcher, it was like a phobia; it started crying like crazy.”

Özlem emphasized the importance of the doctor's ability to divert the baby's attention, stating, *“If my child is crying there, the doctor should give him a balloon, change the subject, or turn it into a game.”*

Effective Communication with Parents: Mothers articulated the importance of paediatricians possessing strong communication skills with parents. They expressed a desire for paediatricians to be empathetic, answer questions patiently and in detail, thereby alleviating parents' concerns. The following quotes exemplify these expectations:

Berrin emphasized her need for detailed explanations: *“I do not like the sentence “It happens to every baby.” Of course, it happens with every baby, but I want the explanation of why this happens. Making a statement is very important to me.”*

Özlem believed that understanding parents' needs is possible only if the doctor is also a parent: *“Empathy is essential. I prefer my doctor to be a mother or a father. In other words, it will not be a woman or a man, but a mother or a father. They should be able to calm me down.”* Dilek highlighted the importance of feeling at ease in communication with a doctor: *“His attitude is important; I don't like doctors who are so sullen and hardly talk. It's important that we get along a bit. I should be able to ask my questions comfortably.”*

In the absence of a readily available doctor, a mother can contact a health worker, such as a nurse from the Family Health Center (FHC), at any time she needs assistance. Health workers at FHCs play a crucial role in calming parents and addressing babies' problems. FHCs are deemed essential for baby monitoring, offering accessibility to everyone, and providing services free of charge. Tulay's example illustrates how a nurse assisted the mother during the pandemic:

"I prefer to ask the nurse from the family health center (instead of going to a hospital personally because of COVID). We have a really good relationship with her, and I trust her a lot. I even call her to ask how she is." (Tulay)

Being an expert, up-to-date, and knowing alternative methods: Mothers express the desire for paediatricians to not only be experts in their field but also to stay updated on various areas related to children's general health. They appreciate doctors who embrace alternative treatment methods and continuously educate themselves. Dilek emphasizes the importance of doctors keeping up with new publications and studies while avoiding outdated information:

"What I am expecting from a doctor is updating herself/himself instead of being stuck in the information from 20-30 years ago. It is important if s/he follows up new publications and studies. And because we are consuming vegan foods, I want him / her to be open-minded about it. I don't want to hear anything such as 'If you do not feed your baby like that, your kid dies' or 'If you do this, your child is undernourished and gets ill. Instead of scaring us with such things, I prefer him to investigate as we do." (Dilek).

Ozge also emphasizes the multidisciplinary expertise expected from paediatricians, including being a nutrition specialist, breastfeeding advisor, and possessing psychological knowledge:

"He or she should be an expert in his/her field. Not only as for the diploma but also in different areas, he should be well-informed and he should improve himself. ... if you ask me, a good child doctor should also be a nutrition specialist, a breastfeeding advisor, and should have psychological knowledge, etc. S/he should comfort me until I don't have any hesitation in my mind when there is a problem." (Ozge).

Tenger, in her proactive approach, researched and found doctors online even before her baby was born. She sought doctors who align with her treatment preferences, including a homeopath paediatrician and those supportive of her choice regarding vaccination:

"I even researched these doctors online. I delved into the net and found two different doctors. One was a homeopath paediatrician. And I also tried to

find anti-vaccine doctors because they can be a little biased about people who do not vaccinate their kids. I can be biased about those kinds of doctors in this situation too. Well, I found two different doctors. I always call and ask when I'm in trouble. Well, apart from that, I bought new books, again about homeopathy and aromatherapy." (Tenger).

Mothers' expectations from paediatricians extend beyond good communication and expertise: Mothers have diverse expectations from paediatricians, extending beyond good communication and expertise. Availability, affordability, a preference for natural treatments, and avoiding unnecessary prescriptions are among the additional expectations. The desire for continuous availability stems from the anxiety experienced by mothers during the early years of their children's lives. Bihter's retrospective reflection on her challenging postpartum period illustrates the heightened concerns and expectations from doctors during this period:

"I am very content with my doctor; I can reach anytime I want. But I have not seen many satisfied people around me with their paediatrician. Because as mothers, we are all worried, I am at least; I observe this from my friends; we are all worried. That's why it seems like the answers given by the doctors are always not enough, especially in the early days... My postpartum period was very difficult; it lasted for 4 months or more. At the end of the 4th month, I was still crying every morning. I had a very difficult baby; it was very gaseous, vomiting a lot, gas, constantly crying; he has been diagnosed with colic. That is why we want a magical cure from a doctor, to be more explanatory. The things he said and the answers he wrote at that moment were never enough, so I thought of changing my doctor a lot. But when I look now, after everything is over, I actually have a good doctor. There was not much he could do either. Everyone's expectations are different, but probably an important criterion is to return on time, to answer questions on time, to give care, encourage to ask again, especially in cases such as fever. "

In a cross-cultural perspective, Dilan compares doctors in the UK and Turkey, expressing a preference for Turkish doctors and emphasizing the perceived superior

education of Turkish doctors: *“Our doctor's education is also very different when compared to here. Our doctors are much better.”*.

These varied expectations highlight the multifaceted nature of mothers' needs and concerns when it comes to their children's healthcare. Mothers seek not only medical expertise and effective communication but also continuous support, empathy, and understanding. The diversity of expectations reflects the nuanced and evolving nature of the parent-doctor relationship, emphasizing the importance of holistic and personalized healthcare for children. Additionally, the anxiety experienced by mothers during the early stages of parenthood contributes to the desire for immediate and comprehensive assistance from healthcare professionals. As mothers navigate the challenges of caring for their infants, the role of paediatricians extends beyond traditional medical expertise to encompass emotional support, accessibility, and a shared commitment to the well-being of both the child and the parent. This intricate interplay of expectations illustrates the dynamic dynamics shaping the parent-paediatrician relationship in the context of modern healthcare.

3.5. How do mothers evaluate their experience seeking for health information through the Internet? How online health information seeking is perceived? How do they feel?

Mothers' evaluations of their experiences seeking health information on the Internet provide valuable insights into their decision-making processes. Their perspectives encompass what they have gained from Health Information Seeking (HIS), the aspects they approach with caution, and their suggestions for improving the online health information landscape.

3.5.1. Mothers' Achievements from Health Information Seeking (HIS):

The internet holds a crucial role in the lives of mothers, serving as a valuable resource for various purposes such as price comparison, learning what actions to take, what products to buy, and acquiring information ranging from personal experiences to scientific research. In this context, we aim to delve into the emotional and cognitive aspects of mothers as they engage in this decision-making process.

Calming Effect: Mothers find comfort and relief in having health information at their fingertips. Berrin describes it as a form of self-relief, especially in situations that may not require a visit to the hospital. The accessibility of information helps mothers calm down and handle common baby issues:

“Kind of self-relief. There may also be a situation like this, every baby is experiencing something that I see as a very serious problem. There is no need to go to the hospital for such things, I calm down after seeing a phrase that can be seen in any baby.” (Berrin)

Understanding normalcy: HIS aids mothers in understanding that their child's behaviours and demands are normal. Eylem shares that information on topics like sleeping reassures mothers about the typicality of their child's behaviour, alleviating concerns and promoting a more tranquil motherhood experience.

“I understand that my kid is so normal. ... These web sites calm me so much about this issue. I was a more tranquil mom about sleeping. Otherwise, I was trying like crazy in the first three months, feeling like it needs to sleep with certain hours. ... why does it cry a lot, why does it want breastfeeding all the times... I thought that I knew so many things, but I learnt when something occurs better from those websites and groups: Babies want to be with mom all the times, they want breast feeding all the times, these are so normal etc. These kind of things calms the mother. Because, you are rocked actually, being mom is totally new experience.” (Eylem)

Real-Life Experiences: Mothers value real-life experiences shared on the internet, considering them free from hypotheses, advertisements, or biased information. Bihter emphasizes the importance of reading stories from experienced mothers, as these narratives provide practical insights that theory alone cannot offer:

“Because, in the books, or in the things that my doctor says, finally he is a man, what he advises he never lived these things himself. The information in the books is theory after all. Also, what the doctor says is a theory, but when you read the stories of real mothers on the Internet, these people actually lived them. You are reading the comments of experienced mothers. I think this is the most important thing that affects people the most. After all, the child is a very unknown subject, doctors also accept this, especially in newborn babies. It is strange, why there

is pain, what will be good for the baby, everything is a hypothesis. Since everything is a hypothesis, your only source and basis are lived experiences and stories." (Bihter)

Critical thinking and decision-making: Mothers appreciate the development of critical thinking skills facilitated by HIS. Eylem highlights the surprising knowledge of families dealing with chronic illnesses, who engage in scientific research, discuss treatments, and provide support based on their informed decisions:

"Those parents do not read normal websites on the internet anymore, they go to Google scholars and read research articles on the internet. The man is now a specialist in reading medical articles, he says that if there are so many deficiencies in him, you will see that it is not a problem. They give each other references while giving ideas. They almost know as much as a doctor... Or if their children's diet needs to be regulated, they show the scientific article to each other and say don't feed him like that. I was shocked by this. I thought that Google Scholars are only used by university students, but these guys are just reading it. They even showed me "Mam, read this and this", it was very interesting." (Eylem)

Access to Pure/Objective Information: Özlem expresses the satisfaction of reaching pure and objective information that allows her to make informed decisions. This type of information, once learned, becomes a permanent knowledge base, eliminating the need for continuous searching with each child. Tenger credits the internet for helping her find the right resources needed for critical thinking. Unlike traditional methods like going to the library, the internet enables efficient resource identification, especially on taboo topics like vaccines. After all she felt like she was playing a pretended doctor game.

Tulay provides a historical perspective, highlighting the significant difference in access to health services between the pre-internet era and the present. The internet, combined with consultations with friends, doctors, and hospital websites, allows mothers to make more informed decisions:

"I think it's incredibly helpful. We were talking to my husband and my mother one day; my older brother was born in 1970, there was no home phone and TV,

there was no internet, mobile phone etc. One day he had fever and swelling in his genitals. My father was also at work and my mother could not reach anyone. She said that she just sat and cried for hours nearby him; she never knew what to do. When we look at that time and now, there is an incredible difference in terms of access to health services. Of course, google does not make anyone a doctor, but I combine them all, the internet, the consultation with my friends, the doctor and the hospital website... I pay great attention to this. In addition, I look at what other mothers are going through on the forum. After reading all of them, I make my own decision.” (Tülay)

These insights demonstrate that HIS not only provides information but also contributes to mothers' emotional well-being, understanding of normal child development, and the development of critical thinking skills. The convenience and immediacy of accessing diverse information sources play a crucial role in shaping mothers' perspectives and decision-making processes.

3.5.2. Whether mothers share their own ideas online

Within the scope of this research, the participants acknowledged their consistent quest for health information on the internet. A crucial aspect of their online behavior was explored to understand whether they actively share their thoughts or information on the internet. Notably, individuals like Tenger, who possesses a literary writings blog, and Dilek, who manages an Instagram page dedicated to vegan diets, exemplify mothers who actively contribute content online. Dilek articulated that her motivation for creating content was to enhance her commitment to the subject and to consolidate more reliable sources related to veganism:

“The reason why I opened the chapter and blog was actually to motivate myself in the first place. When you do research and share it with other people, you become more serious, you take it more seriously, you give more importance, you research in more detail. That's why I started first. Also, the sources were always in English, there are not many sources in Turkish about veganism. That's why I started something like this.” (Dilek)

However, a prevalent sentiment among other mothers was that, not having a specific illness affecting their babies, they did not consider themselves proficient enough to offer opinions on such matters. Eylem, for instance, expressed:

“But if there is a specific solution to something specific that my son is going through, I will definitely write things like that “We have experienced such a thing, you do not need to be afraid, or they suggested this drug,” etc. I would write. I would write if I had found a solution individually. I generally prefer to remain an audience. I get informed.” (Eylem)

Consequently, their online contributions mainly revolved around posing questions, commenting on topics within their expertise, and expressing gratitude, as conveyed by Tenger: *“In general, I thank the doctors for their sharing, ask questions, and make comments.”*

3.5.3. Considerations regarding online health information seeking

The participants in this research, who demonstrated a high level of education and proficiency in two or more languages, engage in health information seeking (HIS) from diverse sources. When asked about their advice on HIS through the internet for others, a prevailing sentiment emerged—mothers were cautious and did not encourage indiscriminate reliance on online health information. They emphasized the importance of being able to filter information effectively to avoid increased anxiety or making misguided decisions. The challenge lies in discerning between information that is commercial, misleading, or contradictory.

Bihter underscored the utility of the internet, noting that it offers a multifaceted view of advantages and disadvantages based on various perspectives and experiences. However, she cautioned that mothers need to exercise caution in filtering the overwhelming amount of information and potential misinformation:

“Books are usually one-sided, but you can see the damages on the internet, and you can see the advantages and disadvantages on the internet with much more ideas, much more experience, much more perspective. In that sense, I think the internet is very useful, but in terms of having too much information and misinformation, mothers need to be very cautious in order to filter that information.” (Bihter)

Dilan and Eylem, who are proficient in English and French in addition to Turkish, highlighted the significance of comparing information from different primary sources. Dilan expressed a reluctance for her mother in Turkey to conduct internet research due to the limited resources available, preferring that her mother consult a doctor instead. Dilan also emphasized the importance of self-awareness in dealing with health-related information:

“I would not want my mother in Turkey to do research on the internet because the resources she can reach are very limited. I’d rather tell my mother to make an appointment with the doctor. Because my husband is hypochondriac we are not seeking on the internet for our sickness, he can be anxious with a very simple inconvenience and get really hospitalized” (Dilan).

Dilek suggested that information gathered from the internet should be shared and discussed with the baby's doctor. Similarly, Eylem and Ozge shared a similar perspective, emphasizing trust in doctors for evaluating diseases comprehensively, while acknowledging the internet's utility for information on healthy living, diet, and lifestyle:

“I think regarding the diseases, the doctors should be trusted. Because they are evaluating patience with all the aspects. On the internet these aspects can’t be evaluated. Physical contact is required. So, at the end, the internet can take someone into a problematic situation. But regarding the healthy living, eating and drinking issues, the information on the internet is useful.” (Ozge)

A common perspective regarding their recommendations for health information seeking through the internet is that individuals should be cautious if they cannot effectively filter the information, as it may lead to increased anxiety or incorrect decisions. Participants highlight the challenges of distinguishing and filtering information that may be commercial, misleading, or contradictory. While some participants, emphasize the internet's usefulness in presenting a variety of perspectives, experiences, and information, but stress the need for mothers to be vigilant in filtering this information due to the abundance of both accurate and inaccurate content. Others stress the importance of comparing information from different primary sources.

3.6. What can be done for better health information seeking through the Internet? What are expectations?

Mothers participating in the research provided insights into their expectations for improving health information seeking (HIS) through the Internet. They expressed a desire for websites to be simple, credible, authored by experts, and available in multiple languages. For example, Berrin stated:

"Websites may have doctor communication sections; some sites have this. There may be question and comment sections where doctors also answer. The resume of the person who prepared the site can be placed on the site. Because I can prepare a site too. I am sure that it would be visited, but how accurate would the information be that I give. Websites should be made by experts in their field."

Sharing similar ideas with Berrin, Tenger suggested that health platforms, such as doctors' websites, could be created: *"There may be something that doctors have a question-and-answer section, discuss, give information about ensuring reliability."* Tulay wanted to see awareness of how serious health issues were; she desired a simple design. Tugba added a suggestion like star ratings for comments that people can use to evaluate advised solutions.

Dilan expressed concern that people could be deceived with fake expertise on the internet. For this reason, it is important for people to reach experts they trust. She desires a website like the NHS in England to be created in Turkish.

Mothers suggested improvements for better health information seeking on the internet. They emphasized the need for simple, expert-written, and multilingual websites that they can communicate both with health experts and peers. These suggestions collectively aim to enhance the quality, reliability, and accessibility of health information on the Internet.

4. Summary and Assessment of Interview Method for This Research

In this section, through in-depth interviews with mothers, we obtained explanatory findings that both support the Facebook and diary analyses and provide a more nuanced understanding of the research question. In this segment of our research,

we were fortunate to have a diverse range of mothers with various demographic characteristics, including a blog writer, an Instagram content creator, individuals opposed to vaccinations, and mothers who have left their jobs for the sake of their babies. This diverse pool of volunteers greatly enriched our research.

The primary challenge during these interviews was enabling mothers to find time for the interviews that aligned with their babies' schedules. Thanks to the conveniences offered by the internet and instant messaging platforms, we successfully overcame this difficulty.

Regarding the findings from the "interviews" section of the research, mothers' decision-making difficulties stem from the novel experiences they have with their babies, varying opinions from doctors, and the synthesis of information found on the internet, often influenced by family or relatives. However, a significant struggle for mothers arises from the conveniences of modern life, such as packaged foods, products, the regimented nature of clock time, and factory-made clothes. Everything reverts to its most primitive and natural state with the arrival of a baby, prompting a process of rediscovery and recreation. Yet, modern medicine, tailored to contemporary times, tends to be pragmatic and focused on statistical solutions.

Mothers' information needs are evidently shaped entirely around their babies' development. At each stage, women's circumstances evolve in tandem with the needs of their infants. In this context, the internet assumes the role of an omnipresent mentor. Advice from individuals is valued for its real-life experiences and non-commercial nature. However, the presence of doctors who align with mothers' personality traits and expectations emerges as a crucial factor in the decision-making process. The internet facilitates not only the identification of suitable experts but also provides online access to these professionals.

The disparity between mothers who kept diaries and those who were interviewed can be attributed to the evolving needs of babies' month by month, leading to information-seeking behaviours corresponding to distinct developmental stages. Apart from this, consistent results were obtained concerning the decision-making processes for their babies between interviewed and diary-keeping mothers.

DISCUSSIONS

*“In a civilization where 'Me first' has become a principle,
motherhood is a challenge, even a contradiction.”*

Elisabeth Badinter, *Kadınlık mı, Annelik mi?*, 2015, p.21.

“Healthy people are sick people who don't know it.”

Jules Romains, *Knock, Ou le triomphe de médecine*, 1923

“Religion is a culture of faith; science is a culture of doubt”

Richard P. Feynman¹

Parental experience and information share surged up through the internet as well as it is seen for the other subjects. People have an opportunity to come together or to read, learn and choose among peers, dissidents, professionals in public and private groups. They may comment with their real or nick names. Things lived in private sphere, shared only with proxy peers or experienced people from the family are exposed in private social groups. As Kubba & Foran (2020), pointed out as result of their comprehensive research there was a tremendous lack of understanding about which criteria parents use to make decisions and about individual and external factors that contribute to parental empowerment. Thus, we decided to create a path from Turkey sample. Endeavour of mothers, collective support of women for keeping a baby, a little human being, in a good mood and raising well worth to establish.

The genesis of this research lies in the genuine struggles of a woman as a researcher, on her journey through motherhood, as she seeks solutions and navigates the complexities of making informed health decisions for her baby. The exhaustive research conducted day and night, the cocoon woven to sustain the life of a newborn, and the subsequent effort to comprehend the underlying culture all contribute to the

¹ Richard Feynman, PhD, gained fame as a Nobel Laureate in Physics and a highly influential educator. He authored numerous books that played a pivotal role in elucidating the philosophy and epistemology of science (Seager, 2020).

narrative as a researcher. Amidst the automated rhythm of modern life, the endeavour to adapt to the natural, providing to best path for the baby and the internet's role on decision making is at the heart of this exploration.

In this context, the saying "it takes a village to raise a child" resonates differently for the millennial mothers. Often distanced from family elders, having carved a place for themselves in urban life through education and work, these women find themselves navigating a transformative adaptation process upon the arrival of a baby. The adjustment encompasses changes in daily schedules, feeding routines, sleep patterns, environmental setups, friendships, and an increased need for information and support.

The distinctive feature of digital mothers lies in their utilization of the internet throughout this adaptation process. By using online resources, they can gather information, communicate with other mothers and experts, and share knowledge. We examined how mothers make health decisions for their babies and the role the internet plays in these decisions in this research. We also discussed improvements that could be made to online health information environments, providing rationales for our proposals.

In a very recent systematic review about parental health information seeking point out the gaps that research has not studied yet as below (Kubb & Foran, 2020):

- 1- Existing literature focus on ill children and it is unclear whether those findings can be generalised to the parents of children who are not seriously ill.
- 2- Systematic review studies from non-western countries have been lacking
- 3- Parental social media behaviours are not well understood.
- 4- Health professionals, doctors' perceptions about online health information seeking parents and online health information needs more investigation.

From these points, this research hopefully has an important role fulfilling the gap mentioned above. Because, this research not only addresses the identified gap in the literature but also goes beyond by incorporating non-Western perspectives, examining social media dynamics, and exploring the interaction and expectations between mothers and healthcare professionals. These nuanced insights contribute to the broader discourse on maternal health decision-making and provide a foundation for developing targeted interventions and policies that are reflective of the diverse contexts in which

mothers navigate the digital landscape for health information. In this section, building upon the research problem, we will address the research questions, evaluate the findings, and provide recommendations for further research and health policies.

The aim of this study, initiated by the question, “How are mothers' decision-making processes regarding their babies tailored with online health information seeking considering challenges, opportunities, and ramifications?” is to explore the challenges, opportunities, and consequences associated with mothers' online health information seeking behaviour and their decision-making process. Through this objective, we intend to examine the following sub-questions:

- a. What are the main challenges mothers face in terms of health-related issues for which they seek support on the Internet concerning their babies?
- b. As mothers contemplate their expectations of a "good child doctor," how does the Internet contribute to fulfilling these criteria?
- c. How do mothers determine which information is suitable for their babies, and what role does the Internet play in this decision-making process?
- d. How do mothers perceive the Internet as a source of health information? How are information seeking and sharing perceived? Would they recommend everyone to use it for health decision-making?
- e. In order to ensure a better online health information providing environment, what can be done?

Now, we will discuss the analysis and findings for each research question based on the main research inquiry.

- a. **What are the main challenges mothers face in terms of health-related issues for which they seek support on the Internet concerning their babies?**

Even though, it is seen as a very natural process, parents have overwhelming responsibilities: In addition to providing physical assistance and emotional support for their children, they also, become liaison between various parties, managing financial and household issues, monitor symptoms and report them to related medical departments. According to Jones & Porter (1998), Foucault's analyses of the histories of madness, the hospital (The Birth of the Clinic), and criminal law and incarceration

(Discipline and Punish) have received considerable attention and respect. Historians, in particular, have lauded Foucault for his rejection of the conventional belief that historical objects are inherently 'given' or 'natural'. By defamiliarizing these concepts, Foucault revealed seemingly natural categories as constructs shaped by language and discourse, aiming to highlight the radical contingency of what initially appears as normal. Throughout history, nothing can be taken for granted; all historical narratives are culturally constructed, demanding scrutiny and questioning of every aspect. From this forward, we wanted to learn more about their information needs and struggles, thus we were looking for What are the main struggles mothers face regarding health-related issues? Under what circumstances do mothers turn to the Internet for information?

When we categorize our findings under this heading, we observe the emergence of three primary challenges, and we have the opportunity to witness the strategies that mothers develop to overcome these difficulties regarding their decisions about their baby's health which are postpartum challenges and adaptation to new life style, navigating healthcare and support systems, globalism and informationalism:

1. Postpartum adjustment and adaptation to a new life style

- Adjusting to the postpartum environment.
- Balancing mental and physical health.
- Managing relationships with family and friends.

Strategies:

- Seek support from family, friends and peers online.
- Prioritize mental and physical well-being of the baby.
- Establish a balance between caregiving and self-care.

2. Navigating healthcare and support systems:

- Finding a good doctor or paediatrician.
- Lack of spouse's support.
- Interference from family members and strangers.

Strategies:

- Engage in online doctor search and debates for informed decisions.
- Share illness experiences for communal support online.
- Discuss medicine/treatment methods and seek advice online.

- Utilize online communities for shared experiences.

3. Globalism and informationalism

- Scepticism towards online and medical information.
- Seeking information on developmental stages.
- Balancing traditional knowledge and internet resources.

Strategies:

- Actively participate in online communities.
- Embrace scepticism for informed decision-making.
- Align online findings with professional medical advice.
- Seek online information on developmental milestones.

The first challenge identified in our research findings can be categorized under the title "Postpartum adjustment and adaptation to a new lifestyle." Analysing Facebook posts, narratives in diaries, and insights from in-depth interviews, it becomes evident that mothers, following childbirth, strive to understand how to meet the baby's needs. Simultaneously, they express the need to articulate and be understood in terms of their physical and mental exhaustion. Additionally, they work on shaping expectations regarding their relationships with their partners, extended family members, social circles, and sometimes, healthcare professionals throughout this process.

The child-centric structure shaping the entire family dynamic is indicative of a global paradigm shift (Badinter, 2011). One of the issues that women complain about in the study is the never-ending household responsibilities for women, with the notion that relaxation is considered a right only for fathers coming home from work. This situation has led women to question the institution of motherhood within themselves (Gülçayır Teke, 2014; Gülmez, 2021). Despite the rights granted to fathers in Sweden, Badinter argued that men were unwilling to return home and take on childcare responsibilities (Badinter, 2011, p. 105). At this point, making interpretations solely based on figures would not be accurate. This is because, unlike the past (Sennett, 2011), achieving the envisioned life for the child now requires a significant income provided by both the mother and the father. In this sense, there may be intimidation policies and implicit threats towards fathers who want to take paternity leave. The father might be choosing this path out of fear that he cannot maintain the living standards of the household. Indeed, according to AÇEV's study on fatherhood, men in

Turkey spend approximately 9:20 hours at the workplace, leaving only 2:10 hours for home and children before bedtime. Therefore, organizing work and environmental conditions with consideration for family life could be the first step in solving problems related to fatherhood roles. Because while women are forced to choose between work life and children, fathers must struggle with the burden of providing for the family under any circumstances. Moreover, research indicates that the support networks established by women for motherhood are not yet applicable to fatherhood, and fathers may feel physically and temporally isolated in this regard (Duvander, Haas, & Thalberg, 2017; AÇEV, 2017).

At this juncture, it is apparent that women are undergoing the process of acquiring knowledge about their emerging societal role as mothers and endeavouring to carve out a space for themselves within a newfound social network. Various studies have illustrated the variability of expectations concerning women in their role as mothers, the child, and family structures, emphasizing the dynamic nature of societal roles linked to motherhood across different time periods and societal contexts (Bora, 2001; Badinter, 2011; Türkdoğan, 2013; Çeler, 2013; Bal, 2014; Aktaş, 2019). According to Yılmaz's (2013) doctoral dissertation based on the Planned Health Behaviour Theory, it has been revealed that there is a positive relationship between individuals' frequency of following health-related publications in the media and the level of developing behavioural intentions. In addition, having someone in the immediate family who supports a treatment method increases the level of acceptance of the treatment.

Our research findings reveal that mothers frequently shared their challenges on the internet, read shared experiences, tracked developmental stages through various applications, and expressed their expectations from their environment, health knowledge, and healthcare professionals. In this regard, our findings exhibit similarities with the results of Kubb and Foran's study (2020). As highlighted in their research, parents utilized the internet not only to assess whether their child required medical attention, including emergency situations, but also to gather information before and after doctor's appointments, addressing unanswered questions. The internet was also utilized for obtaining a second medical opinion. At this point, it is evident that supportive communication on the internet facilitates the adaptation to uncertainty.

To avoid this ambiguity and confusion, there are two options: the first is to go to the doctor and follow everything they recommend; the second is to decide for yourself, from which doctor to visit to what kind of approach you want. In this distinction, as emphasized both in this study and in Yilmaz's (2013) study, trust in the doctor emerges as a crucial factor. Another factor is how competent the mother feels about taking on this responsibility as Health Belief Model stresses. On the other hand, our observations regarding mothers' expressions show that mothers who conduct online research about their babies' health are individuals aware that not all doctors are the same, that treatment methods can vary, and that different companies or even the government may prioritize their own interests. These are people who are conscious that obtaining information from a single source on the internet may be insufficient. They dare to take on the responsibility for their babies' health within this system and have the courage to seek knowledge. In this sense, they want to hold the initiative to reach unmediated knowledge, idealized by Kant, and choose their own means:

“Enlightenment is the liberation from the state of not being matured due to one's own fault. This immaturity is the inability of a person to use their own reason without relying on someone else's guidance. Indeed, it is by one's own fault that a person falls into this state of immaturity; the reason for this should be sought not in the lack of reason itself but in the lack of determination and courage to use one's own reason without the guidance and assistance of others. "Sapere Aude!"(Dare to know!)" (Kant, 1984)

Today, as in every era, daring to know is portrayed as a resistance to the truths dictated by authority. In this sense, the unquestioning acceptance of the truths stated by science, akin to a religion, is criticized with the term scientism (Valadier, 1999; Seager, 2020). Within this critique, medicine, too, is accused of preaching to individuals what, how, and how much they should do, much like a religion (Zola, 1982; Illich, 2014). Foucault explained this structure through *dispositifs* (Foucault, 2003). In this sense, institutionalization of medicine as a system in which the state reinforces its own legitimacy. According to Rose (1994) based on Foucault's thought, starting from the nineteenth century, in medical practice, there are five major *dispositifs*: a medico-administrative system for managing social space, encompassing a wide range of activities from the politically direct to those involving architecture and urban planning; the transformation of the home and the family into hygienic machines; the staffing of

the population by general practitioners and countless other medical professionals; a variety of clinical and curative hospitals, a security apparatus transforming fate into risk and allowing individuals and societies to protect themselves from disease. Although, modern medicine is described as a positivist science, medicine is a matter of assemblages such as the combinations of spaces, persons, techniques within which medicine has been deployed, are not only in the hospital, the clinic, the dispensary, the consulting room but also the town, the factory, the army, the home, the schoolroom, the insurance system, the community (Rose, 1994).

The problem arises not only due to control systems through *dispositifs* that shape the decision-making styles of individuals but also from the global market environment. This environment produces disease definitions by altering measurement intervals at the threshold of illness (Welch, Schwartz, & Woloshin, 2011; Panitch & Leys, 2011; Illich, 2014) introduces mixtures claimed to be harmful to health in various products, including food and baby formulas (Panitch & Leys, 2011), and simultaneously asserts the importance of nature for all living beings while harshly suppressing those attempting to preserve it with interventions (Bove & Dufour, 2001; Panitch & Leys, 2011; Tüfekçi, 2017). In this system, which works with scientific statistics on one hand while discrediting science on the other, people struggle with the difficulty of creating reference points and forms of resistance that they can accurately rely on and support themselves with (Eriş, 2021). While individuals are empowered to make decisions on the one hand, they have lost reliable authorities and a single true compass on how to do so.

Lyotard, in his book "The Postmodern Condition," analyses the breakdown of grand narratives based on cause-and-effect relationships in the modern era (Lyotard, 2013). Postmodernism opposes the acceptance of knowledge as universal, objective, and absolute reality. Instead, it argues that knowledge is a social, cultural, and historical product. According to this understanding, knowledge is always shaped and changes according to the conditions of a specific time and society. In terms of the use of knowledge, postmodernism views knowledge as a meta-narrative. That is, it is a narrative shaped under the influence of a particular worldview or ideology. At this point, the use of the internet through connected devices has led to significant disruptions in the monopoly and commercialization of knowledge (*connaissance*),

allowing non-experts to easily participate in the exploration and dissemination of information (Lyotard, 2013, p. 12).

Interpretation historically, the perception of motherhood was shaped by social rules under the dominance of religion, and now medical laws are being incorporated as well (Çeler, 2013). From this point of view, individuals who dare to know and seek knowledge, as revealed in our study, experience the challenges of combining their own experiences and observations with scientific knowledge rather than accepting science as a religion. Therefore, the other challenges that we categorized as navigating healthcare and support systems, and globalism and informationalism actually interact together in the global market surrounded by simulations and post-truth, which are the core discussion points about mothers' decision-making struggle. In this sense, mothers' efforts to acquire information about their babies, make decisions, and share experiences, as well as creating a culture within everyday life practices, as expressed by de Certeau (1988), have become a form of resistance.

One another study, shows parallelism with our research findings, aimed to qualitatively explore parental perceptions of the advantages and disadvantages of the internet and social media as sources of parenting and health information for their infants (Moon, Mathews, Oden, & Carlin, Mothers' Perceptions of the Internet and social media as sources of parenting and health information: Qualitative study, 2019). A total of 28 mothers participated in either focus groups or individual interviews, responding to probing questions about their preferences in seeking parenting and health information. The findings revealed three central themes: (1) reasons for mothers turning to the internet for information, (2) cautious advice regarding internet use, and (3) reasons for mothers turning to social media for information. Mothers appreciated the internet's capacity for quickly accessing diverse information and opinions anonymously but emphasized the importance of relying on reputable sources. Social media was valued for its immediacy in providing affirmation, support, and tailored information.

This research provides us with opportunities to combine its examples with our own findings, allowing us to observe the strategies mothers develop in response to the challenges within this environment. In this sense, through the internet, mothers not

only create their own public spaces but also engage in discussions and evaluations of their positions within these spaces through consumption practices. In this context, mothers who research and share health information, by organizing within themselves, exploring existing health opportunities, and engaging in discussions, are also fulfilling the role of health advocacy.

The struggle for health advocacy or individual decision-making about one's health, aiming primarily to acquire information about alternative options and practices, may become stagnant as individuals tend to focus on content aligned with their familiar views, information, or interests. Moreover, the commercial background of information presented on the Internet is questionable, and it is also possible for algorithms to continuously steer us towards content in the same direction. According to the theory known as the *Bubble Filters* (Pariser, 2011) effect, individuals eventually create their own echo chambers by encountering the opinions of people who think similarly, engaging in self-filtering against diversity. Fletcher's (2020) research emphasises that *homophily*, expressing the sympathy towards those who are similar to oneself or share similar thoughts, begins to manifest itself from the moment we start socializing in childhood. While traditional media tends to prefer a single media type that aligns with our views, the nature of the Internet inherently exposes us to discussions on various topics and contents. Additionally, research indicates that individuals consciously read opposing views, thereby gaining the opportunity to strengthen their own arguments (Bail, Argyle, & Volfovsky, 2018). Based on this information, it can be expected that mothers may more easily adopt thoughts that are close to their own in these social groups. However, this does not necessarily mean that they do not encounter different information or that their opinions remain fixed when they do.

As evident from our research, decisions related to the health of babies and families encompass various aspects such as the food and other consumption items brought into the home, sleep routines, the baby's development and health monitoring, activities, and many more. Mothers actively involving in these decisions is crucial in the Health Belief Model (Washburn, 2020). It emphasizes the significance of individuals recognizing their own control power instead of perceiving themselves as victims and actively engaging in health-related decisions.

On the other hand, the struggle that women engage in as mothers, including leaving their jobs to be good mothers, and the influence of societal norms received from healthcare professionals and social circles on their maternal practices, is often characterized as a counter-revolution and criticized (Badinter, 2011). Indeed, the constant sense of inadequacy that women are compelled to contend with, is emphasized (Henderson, Harmon , & Newman , 2015; Yücebaşı, 2019; Fielding-Singh & Cooper, 2023). Nevertheless, even though they experience difficulties from time to time in the care-oriented areas of motherhood, mothers -for example blogger ones or health information seekers- believe that they raise their children much more consciously and healthily than their own mothers did (Gülçayır Teke, 2014).

b. As mothers contemplate their expectations of a "good child doctor," how does the Internet contribute to fulfilling these criteria?

Considering information seeking as one manifestation of need for communication, Johnson and Case (2012) have revealed in their book that poor communication can lead to increasing anger and litigiousness of patients, so understanding information seeking need is crucial for health professionals. As Vice President of Business Development and Physician Relations at Physician Referral Marketing, Laura Mikulski suggests that doctors' offices ask patients for feedback via surveys and then listen to that feedback before frustrated patients take to the internet. The reason is that patients wish to be heard, and doctors generally are not given the time to listen to their feedback; on the other hand, there should be a system to ensure that any reviews are written by people who have actually seen the doctor (Lincoff, 2018). Accordingly, the "expectations from paediatricians" of the mothers we examined in the context of this research question can also be interpreted as feedback. Based on the research findings from Facebook, diaries and interviews analyses, these expectations from doctors, especially paediatricians, can be summarized as follows:

Availability and accessibility: Parents expect doctors to be available at any time and through any means, even open to diagnosing issues based on photos sent via messaging apps. Continuous availability is crucial for mothers, especially during the early years of a child's life, to address parents' anxiety and provide immediate assistance. Especially millennial moms (born in 1981-96), as digital natives, demand

to see their doctors using online technologies for communication or diagnosis of patients (Yormaz, 2015).

Mothers in Turkey, can take their kids to Family Healthcare Centres (FHC), during workhours, that they can find their family doctor or a nurse to help them for their babies. In private services, doctors tend to give their cards with their mobile numbers and e-mails, ensuring parents can reach them whenever they would like to. However, except emergency situations, asking a doctor “Why is my crying?” or “why is it not sleeping?” is not sustainable. The Internet offers ubiquitous features that mothers can reach, ask or search for any enquiries. Nowadays, WHO and its partners work on AI based health workers for guiding people whenever they need. For instance, Florence, free for everyone who wants to support from her (WHO, 2022). Florence can share advice on mental health, give tips on distress, provide guidance on how to eat right, be more active, and quit tobacco and e-cigarettes, and information on COVID-19 vaccines and more. Currently, Florence 2.0 is available in English, with Arabic, French, Spanish, Chinese, Hindi, and Russian to follow. However, when we ask some questions, we see that she is not ready to support mothers effectively in their infants' care yet. On the other hand, there are still very helpful websites that mothers can find informative answers to their questions such as Neyim var? (What’s the matter with me?) a platform from ministry of health, many doctor websites, Instagram pages, Facebook pages. The only concern with these credible internet platforms, one can only access standard, common knowledge information; it is difficult to find alternative approaches.

Support and encouragement: Mothers value doctors who offer emotional support and encouragement. Simple reassurance about the well-being of the child and positive feedback on parenting practices contribute to mothers' satisfaction.

Mothers often seek additional information, experiencing feelings of guilt or inadequacy about their motherhood. When they visit a doctor, they are not seeking criticism but rather approval, appreciation, and sometimes guidance for their motherhood. What they expect from the doctor is essentially life coaching related to their infants and the opportunity to share their perspectives with a doctor who is knowledgeable in various areas. When unable to find these elements in their own

healthcare providers, mothers turn to the internet. Online, they find opportunities for self-validation or guidance from other doctors, fellow mothers facing similar issues, and Instagram influencers going through similar situations.

Avoidance of unnecessary prescriptions: Parents appreciate doctors who do not resort to unnecessary prescriptions and prefer natural methods when possible. The emphasis is on pinpointing and solving problems rather than relying on medications as a first choice.

As evident in our research, mothers visit doctors not to obtain prescriptions for medications but rather to learn about safe, natural products or methods for their children. If the doctor lacks knowledge or interest in such methods, mothers' questions remain unanswered, leading them to turn to the internet to seek answers or leverage previously asked questions. One of the most pressing concerns regarding prescribed medications is whether they may cause lasting side effects on their babies. It is the same with vaccinations; many of parents are not against vaccines, they are just afraid of side-effects of vaccines (Abbasoğlu, 2018). When mothers share their situation with other doctors or experienced mothers online, they feel more confident in implementing the treatment method they choose.

Being both a doctor and a parent: Some parents find comfort in doctors who not only have medical expertise but also share their own experiences as parents. This dual role fosters a sense of confidence and relatability.

In this paragraph, we observe the emergence of the need for understanding and seeing one's child through their own perspective. Mothers who have experienced the transformative impact of parenthood seek assistance from doctors who are also parents, understanding the unique challenges. Additionally, online, they express sympathy towards individuals who share their experiences and insights, particularly those who are both parents and doctors.

Effective communication: Parents desire empathetic doctors who patiently and thoroughly answer questions, alleviating concerns and building trust. Mothers emphasize the significance of paediatricians having good communication skills with

infants, avoiding mechanical examinations that may cause distress to the child. Effective communication is a key factor for indicating doctors' position in these points.

Mothers perceive that all doctors graduate by learning similar things in medical schools. However, what sets them apart thereafter is their passion for the profession and their ability to demonstrate it in various aspects, including their approach to communication with both mothers and infants.

Holistic Approach: Mothers seek paediatricians who can serve as life coaches, forming a collaborative team to make informed decisions for the health of their babies. This extends beyond mere medical expertise to encompass a holistic approach to child health. Mothers expect paediatricians to not only be experts in their field but also stay updated on various areas related to children's general health. They appreciate doctors who embrace alternative treatment methods and continuously educate themselves.

What is holistic approach? According to Nakajima (2022), it is the quality of the relationship between the patient and the physician that plays a major role in recovery. In this regard policies that should be considered as below:

- The state must provide high-quality health services to the public as a public service.
- Diagnoses and treatments must take into account biological, psychological and social factors.
- It is critical for physicians to have a wide range of training, not only as physicians who treat complaints, but also as individuals who can fully understand the patient and guide him in all areas that affect his well-being. They should work in humane conditions where they can spare enough time for their patients, and they should be fairly rewarded for his efforts.
- The physician should take the responsibility of educating his patient and society.
- Social and economic imbalances should be eliminated and nature should be protected.
- Education, liberality, justice, equality, a balanced economy, and sensitivity to nature are all factors that should be incorporated into the social

structure. As a result, individuals become happier and less likely to get sick.

As it is seen, holistic approach is not just the individual nor just a doctor, but whole health system that presents a healthy environment to ensure each individual's life becomes healthier as we discussed within all levels of Socioecological Health Model.

Respect for Mother's Knowledge: Mothers want their knowledge and questions, especially those obtained through research, to be respected and considered by doctors. The research highlights the importance of conveying information obtained from the Internet to the doctor, emphasizing that mothers' knowledge and questions should not be underestimated.

These expectations underscore the need for a personalized, empathetic, and collaborative approach in healthcare, acknowledging the multifaceted nature of mothers' needs and concerns in the context of their children's health. Intimacy and awareness of other's needs are things expected from a consultancy regardless the information given. Because people want emotional support and feeling to be understood by their paediatrician.

While the research primarily focuses on the positive aspects and expectations mothers have from paediatricians, there are also criticisms and areas of concern that mothers experienced:

Vulnerability of parents: Our research narrative depicts the vulnerability of parents entrusting their child's life to doctors. Mothers indicate that they sometimes do not receive the expected level of attention and empathy from doctors. The criticism revolves around the perceived inadequacy of doctors in providing emotional support, understanding, and genuine empathy. Performing their profession mechanically, doctors sometimes overlook the profound nature of their work, particularly when dealing with human lives, especially infants. Instances where doctors provide misguided advice contribute to frustration and anger among mothers, indicating a potential lack of confidence in the medical profession.

The claim that health information is reliable only when endorsed by an authority may lead some to view sharing health knowledge and experiences online as perilous, advocating for censorship in this context. However, it must be remembered that doctors are also prone to making mistakes (TED, 2011). In places where diagnostic tools are highly advanced, there is always the possibility of "medical uncertainty," where a doctor may still make an incorrect diagnosis or face challenges in diagnosing the presence of a disease, even with sophisticated diagnostic instruments (Turner, 2007, p. 54). According to Doctors Union of Germany, it was learnt about 2243 malpractices during the treatment of patients; 1864 incidents caused permanent damage whereas 77 patients passed away due to malpractice of doctors were confirmed in Germany (Dotmund, 2014). Many people became concerned about their treatments increasingly (Welch, Schwartz, & Woloshin, 2011). Ultimately, it is the individual who bears the consequences of their choices, taking or assuming responsibility for the outcomes of their decisions, so, health issue is not just about authority. Illich, a figure sceptical of the authority of mechanistic medicine, argues that it has deviated from humane values. He criticises the professionalized care in the medicalized system due to their sickening power through structurally health-denying effect. He points out that:

"I designate -so called medical professionals- as medical Nemesis. By transforming pain, illness, and death from a personal challenge into a technical problem, medical practice expropriates the potential of people to deal with their human condition in an autonomous way and becomes the source of a new kind of un-health." (Illich, 2003).

People's vulnerability in front of medicine as the authority should be considered and individual's autonomy should be respected. Therefore, in-depth examinations should be conducted from the perspective of cultural studies. Approaching individuals who do not get vaccinated as a "threat" or labelling individuals with weight issues as "fat," and branding those who prefer alternative methods as "ignorant" without examining the factors behind human behaviour can do no more than marginalize individuals within society and may even lead to the creation of hate crimes. Such an approach may serve the purpose of authority in controlling society by labelling individuals and excommunicating those who do not conform to social norms (Michel, 1977). However, rather than employing tactics such as belittlement, intimidation, or

mockery, doctors should focus on providing more information and enhancing communication for improved patient understanding.

Insufficient information and lack of alternative approaches: Our research highlights that some mothers feel they do not receive adequate information from doctors, particularly concerning natural or alternative treatment methods. Mothers express a desire for information and guidance not only on traditional medical approaches but also on natural and alternative treatments.

The desire for doctors to be knowledgeable about alternative methods is unsurprising, especially in a country like Turkey, rich in diverse spices, herbs, and cultural backgrounds. In Turkey, Şimşek et al. (2017) found that 60.5% of individuals use traditional and complementary medicine (T&CM), with women over 35 using it more frequently, unaffected by education or income levels (Biçer & Yalçın Balçık, 2019)

This trend is not popular only in Turkey. Similarly, Chinese medicine, deeply rooted in Chinese cultural heritage, has evolved over 3000 years and remains a reliable, effective, and affordable healthcare option (Biçer & Yalçın Balçık, 2019). Chinese Culture Centre (2020) explicates Chinese medicine as all of the symptoms and signs that are evaluated together and gathered into a whole, this is why it is still highly demanded. In another example, we see that around 80% of Dutch people want complete freedom to choose their medical treatments, and they especially want health insurance programs to recognize traditional and complementary medicine. In order to have this choice, 60% of the Dutch population is willing to pay higher insurance premiums (Maddalena, 1999; Biçer & Yalçın Balçık, 2019).

Kumbasar (2012) posits that folk medicine involves "oral" health information transferred across generations, concurrently reproduced with each transmission. Traditional medicine and folk medicine are often used interchangeably, prompting a prevalent comparison between scientifically proven modern medicine and traditional practices. Individuals have discovered disease prevention methods over time through both traditional approaches and modern medicine.

WHO (2022) defines traditional medicine as the collection of knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. And, complementary medicine encompasses a broad set of health care practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant health-care system which are used interchangeably with traditional medicine in some countries.

The application of Evidence-Based Medicine (EBM) together with traditional methods is crucial for gaining acceptance from Western medical practitioners. This integration could provide cost-effective treatment options to address healthcare challenges, such as functional diseases, chronic illnesses in aging populations, and escalating healthcare costs (Foon Yin Fung, 2015). A critical question arises: Does the health industry seek a cost-effective strategy, or does it prioritize financial gains within health ecosystems? Prof. Dr. Kucukusta argues that modern medicine rigidly adheres to the principle of 'my way or the highway,' dismissing any treatment method not included in its teachings, thus contributing to a considerable number of perceived 'charlatans' (Arslan, 2020).

Through cultural transmission, many traditional treatment methods continue to be used in different segments of society as they have been scientifically proven to be effective (Yılmaz S. , 2020). In this context, Turkey has been published a regulation by the Ministry of Health bearing the date October 27, 2014 named as Regulation on Traditional and Complementary Medicine Practices. Accordingly, 14 alternative treatments can now be legally practiced (Çetingüleç, 2014).

Organizations like La Leche Turkey support mothers in making naturalist choices. The International La Leche League promotes breastfeeding as a healthy lifestyle among mothers as an example of a new type of unifying force (Apple, 2014). La Leche League, initially perceived as traditional, adopted a radical approach in the 1960s by resisting physician advice to bottle-feed. They used scientific research to advocate for breastfeeding, emphasizing the importance of doctors considering their interpretations of research. Today, breastfeeding rights are acknowledged in Turkey,

with legislative amendments reflecting societal responses to maternal demands and evolving healthcare information. The provision for breastfeeding leave (Official Newspaper, 2003) in Article 74/7 of Law No. 4857 is as follows:

"Female workers are granted a total of one and a half hours of breastfeeding leave daily to nurse their children under the age of one. The worker determines the division and usage hours of this period herself. This duration is considered part of the daily working hours."

This legislative amendment can be interpreted as an example of how societal laws adapt to the needs of mothers and evolving healthcare information, providing a comprehensive framework for breastfeeding permissions and reflecting a dynamic interaction between societal demands and legal regulations.

Communication Challenges and Information Sharing Deficiency:

Challenges in communication with doctors and a lack of information sharing are also prominent criticisms among mothers. They seek more open communication and detailed information from their doctors. Additionally, there is a perception that doctors sometimes display a dismissive attitude toward information obtained from the internet, rather than considering it, which contributes to the criticism.

According to Bourse and Yücel (2022, p. 187), the term "communication" refers to the interaction that occurs between partners. Three levels of analysis are used to analyse this relationship: intrapsychic (the dimensions of each protagonist's personality), interactional (the relational structure and its dynamics) and social (the cultural context in which it is placed). Essentially proceeds from an exchange activity, an activity that, in itself, is meaningful. In each process, personality engages. The utilization of this template facilitates a thorough examination of the factors influencing communication between health information seekers and their physicians.

At the intrapsychic level, individual personalities, beliefs, and expectations play a pivotal role in shaping the interaction with the doctor. As revealed in our research, individuals tend to prefer doctors who listen attentively, demonstrate understanding, and provide encouragement. Some even express a preference for doctors who have personal experience as parents. The time allocated to patients becomes a crucial opportunity to alleviate their concerns, provide information, establish effective

communication with the infant, and cultivate a foundational sense of trust in the doctor. Actually, the whole medical practice supposes the existence of trust: how can the patient accept to answer the physician questions, the clinical examination of her body, and the proposed therapy (Reach, 2014, p. 21)?

The interactional level pertains to the quality of communication, encompassing the exchange of information, responsiveness, and shared decision-making. In the context of this research, our emphasis is on information seekers' expressed need for detailed information and discussions regarding the information gathered from the internet. Here, mothers engage in discussions with doctors, drawing from readings in multiple languages from various sources. As a result, it is crucial for doctors to continually improve their knowledge, remain updated on recent advancements, and actively participate in informed dialogues with mothers. When doctors adopt an attitude implying, "You wouldn't know," it hinders effective communication with the mother. Conversely, doctors who maintain a receptive and collaborative approach, recognizing the varied knowledge sources that mothers contribute to the conversation, have the opportunity to build trust and facilitate meaningful exchanges.

The social relationship aspect examines how cultural factors impact expectations, preferences, and the overarching doctor-patient dynamic. Regrettably, Turkey stands out as the OECD country where doctors are compelled to attend to the highest number of patients in the shortest time (OECD, 2021). Furthermore, residing in a risk society (Beck, 1992) implies that individuals may attribute their illnesses to their own negligence if they do not undergo screenings, creating a continuous cycle that the system maintains (Welch, Schwartz, & Woloshin, 2011, p. 309).

These points encapsulate the primary criticisms mothers have articulated in our research regarding their interactions with doctors. It is essential to recognize the potential variability in individual experiences and expectations regarding on different situations and needs. Within this spiral, evaluating the relationship between doctors and patients necessitates acknowledging the stark contrasts in healthcare practices between countries like the UK, where seeing a doctor and the issuance of unnecessary prescriptions are deemed implausible, and our context where doctors are often utilized akin to a delivery service. Factors such as the diversion of doctors from time that could

be allocated to research within their specialized fields, the constraints imposed by working hours, and the commercialization of the medical profession contribute to the diminishing prestige of the medical profession, diverging from its historical reverence.

In today's context, healthcare procedures, much like banking, are being standardized through the use of artificial intelligence or various mobile devices, leading to a mechanization of the doctor-patient relationship. However, as observed in our research, the doctor-patient relationship transforms into a shared exchange where information is sought, knowledge is shared with the doctor, and a foundation of trust and coaching is established. In this scenario, it transforms a doctor-consultee relationship in where the best decisions regarding oneself or one's relatives are made, and communication needs are addressed. These conditions point to a basis where both parties should make an effort to understand each other.

Tuckett and colleagues (as cited in Tuckett et al, 1985; Turner, 2007, p. 61) investigated 1,302 consultations conducted by 16 doctors, selecting 405 consultations for detailed examination. They aimed to measure the success and failure of consultations based on the sharing of information about the "importance of diagnosis," "applied treatment," and "prevention of diseases and outcomes." The research found that medical consultations were more successful when the patient's own opinion about their condition was confirmed. In cases where the patient already held different opinions at the beginning of the consultation, the information provided by the doctor had little impact on changing the patient's views on their medical condition. Additionally, communication breakdowns were observed, reinforced by the doctor's preconceived judgments about the patient, leading to the patient being unfairly accused of ignorance. Indeed, this research is significant in demonstrating how the existing attitudes and judgments of both the doctor and the patient mutually influence the communication established between them. The findings highlight the impact of preconceived notions and attitudes on the success of medical consultations. It emphasizes the importance of understanding and addressing the dynamics of doctor-patient relationships, particularly how effective communication can be hindered when there are pre-existing differences in opinions or attitudes. This insight underscores the need for improved communication strategies in healthcare settings to enhance the

overall effectiveness of medical consultations and promote better understanding between doctors and patients.

In this research, the mother's perception, attitudes, beliefs, and experiences are becoming more prominent in the mother-doctor relationship. People from different cultures may have different ways in verbal and nonverbal communication. Pain expression, treatment option, or healing rituals can be different from culture to culture. The similarities are obvious that everyone needs respect, kindness, and a non-judgmental attitude (Malikhao, 2020). It requires respect for the knowledge of scientific and medical experts, and for the knowledge of mothers, in our example (Apple, 2014). The resolution of doctor-patient relationships will require macro-sociological changes in the relationship between expert groups and ordinary individuals to establish a more effective communication system during consultations (Turner, 2007, p. 63).

c. How do mothers determine which information is suitable for their babies, and what role does the Internet play in this decision-making process?

The scholarly literature aims to provide information ways rather than what motivates people to seek answers to they pose for themselves (Johnson & Case, 2012). Building on this point, as we seek answers to this question, we will examine what mothers do with the information they research and acquire based on our research findings. Cultural studies provide us with a multidisciplinary approach to understand how culture is formed, changed, and what meanings it carries within social, political, psychological, historical, and economic contexts (Yücel, 2023). Exploring the grounded relationships will allow us to see the cultural structure behind human behaviour. In this sense, at the current juncture, how mothers make the final decision regarding their babies encompasses the thought system within this entire cultural framework.

Maternal status and health decision-making:

In our study, we observed that mothers primarily use the internet to track their baby's development, discuss suitable foods and products for the baby's developmental

stage. Another aspect is that they turn to the internet to determine whether there is a problem with the baby's development or health, take necessary steps, and evaluate the medical advice given to them if they have visited a doctor. Sharing experiences related to challenges they face or decisions they make, seeking support, and exchanging information emerged as another factor for using the internet. In this regard, our findings align with both global reasons for internet usage (Digital 2021: Global Overview Report) and the research conducted by Kubb and Foran (2020) on parents consult the web widely for information about their child's health symptoms and to assist in determining whether they need to seek medical aid for their child.

At this point, the first question that comes to mind may be the impact of mothers' health literacy on health information seeking and the evaluation of acquired health information. In our research, we did not directly investigate the correlation of a mother's health literacy level with health information seeking and evaluation. The individuals who participated in our research have generally multilingual skills, university graduates, except for one person, with prestigious jobs, as they identified themselves as querent mothers. In our literature review, we observed that mothers who question and research health information online are generally referred to as millennial mothers who are well educated, working, value their careers, and claim that their primary goal is to be a good mother (Livingstone, 2018; Carter, 2022). On the other hand, in studies conducted in Turkey, a direct relationship between the mother's health literacy level and the care and attention given to baby care could not be found. For example, in a study conducted in 2019, 67.6% of mothers had high school education or above (Uyar & Beydağ, 2022). 67% of participating mothers stated that they use the internet when making health decisions for their babies. They found that as the mothers' education level increased, breastfeeding rates also increased. It is important to note, however, that this relationship can be seen in this way because of more than just education; rather, it is the result of improving socioeconomic conditions that have been linked to education.

In another study that explored the impact of women's health literacy level on health behaviours and child health, it was suggested that mothers' health literacy level emerged as a crucial factor for a healthy society (Gökoğlu, 2021). Additionally, a study conducted by Toksoy (2019) aimed to determine the relationship between the health

literacy and breastfeeding attitudes of postpartum mothers. The research was conducted on 311 primiparous women in the postpartum period at the Sivas Numune Hospital Postpartum Service. The most significant findings of the study revealed that there was no statistically significant relationship between health literacy and breastfeeding attitudes. Similarly, no significant relationship was found between mothers' health literacy and their decision to vaccinate their children. Furthermore, in the systematic review by Kubb and Foran (2020), education was shown to be the most common associated factor with parental online health information seeking (OHIS) even though there were also some research findings that show no relation between these two factors in their literature search.

Health literacy is certainly crucial for all of us. However, in the understanding of motherhood in Turkey, there is a prevailing notion of motherhood that involves sacrificing everything for the child, even if the mother herself does not eat, drink, or wear anything. Looking at the research results, we can say that mothers in Turkey, who are trying to access health information, are culturally conditioned to seek the best methods for their babies without distinguishing between information obtained from the internet or from a doctor.

Our research was conducted to examine the decision-making processes of mothers with healthy children who do not have chronic illnesses. First-time mothers or those whose first pregnancy occurred at least 5 years ago were included in the study. Other studies conducted have revealed that the child's health status and the mother's experience of motherhood are highly influential in making health decisions. For instance, Erci, Polat, & Ozyazicioglu (2016) research for decision-making process of mothers about their children's health with 108 mother participants in Erzurum. Data were collected using the Health Self-Determinism Index (HSDI), Health Care Scenarios (HCS) and Demographic Profile. Mothers' decision-making regarding their children's health care was primarily influenced by their child's condition, their previous experience, and the social support available to them. The mothers in this study differed significantly in their decision-making factors between those who were first-time mothers and those who had more than one child. For example, support in decision-making was very significant for those who had more than one child.

In one another study published by Gross and Howard's (2001) paper on Mothers' decision-making processes regarding health care for their children was conducted with 114 rural mothers (51 with one child and 63 with more than one child) completed questionnaires that identified demographics, social support elements of patients and professional interaction, self-determinism, problem-solving abilities, and relationships with health care responses. A structured in-depth interview with seven subjects was also conducted to collect qualitative data. To analyze the data, ANOVA, correlations, and factor analysis were performed. According to their findings, women's decisions were largely influenced by the perceived seriousness of the situation, their fear of the child's condition, the health provider's attitude, their previous experience with the situation, and their social support. In terms of decision-making processes, first-time mothers and mothers with more than one child did not differ significantly.

These knowledge about mother experience might be interpreted as the personal perception of mother's ability to overcome given situation as it was formulated with in intrapersonal factors of Socio-ecological model of Health which point out individual characteristics that influence behaviour, such as knowledge, attitudes, beliefs, and personality traits (NCI, 2005). In this regard, as Pridham and Chang (1991) state:

"Mothers' perceived skill in dealing with phases of problem solving (identifying and naming a problem, planning for and implementing a solution, and evaluating the problem-solving process or outcome) will help determine how they deal with practical problems or everyday tasks."

Another crucial factor influencing mothers' decision-making processes is the mother's socio-cultural environment and her position within it. *"An individual's taste, personality, and attitude towards the world and external entities can be read from the objects surrounding them, the preferred colours, and the places they choose to visit"* (Merleau-Ponty, 2010, p. 30). Bourdieu's concept of habitus, on the other hand, refers to the societal perception categories systematized and established by the armour of all practices, tendencies, and preferences that regulate an individual's perception of social space (Bourdieu, 2006). Therefore, between taste and habitus, the distance to the desired doctor, examination fees, access to and affordability of organic fabrics, food, and clothing, the availability and cost of household help, the cleanliness of the

environment around the family's living area, and numerous other factors play a role as underlying elements shaping mothers' thoughts when making daily decisions. In the end, while everyone wishes to access the best products and services for themselves and their loved ones, more often than not, we find ourselves choosing what we can afford, opting for what is cheaper, closer, or more accessible. In this regard, the internet provides a platform where comparisons between services and products can be made, and critiques can be shared. It also serves as a means to make products and services that are otherwise difficult to access more reachable. Examples of such opportunities include reaching a doctor whose opinions you follow with interest, comparing and purchasing diapers not available in chain stores, and learning that you can use wheat starch instead of chemical baby powder for your child.

Doctor-consultee relationship and health decision-making:

When we mention the term "patient," what kind of image comes to mind? In the doctor-patient relationship, it is essential to discuss the concept of the patient first. In the Oxford dictionary, a patient is defined as "A person who is receiving medical treatment, especially in a hospital." (Oxford Languages, 2023) In Turkish, the word "hasta" comes from the Persian expression 'yaralı,' which means wounded (Ne demek?, 2020); refers to an individual whose well-being is not in place, experiencing a health disorder, or sensing a malfunction in the functioning of any of their organs. Is it accurate to call someone who goes to the doctor or dentist for routine check-ups, a person taking their healthy baby for routine check-ups, or an individual seeking consultancy for better nutrition, posture, or sleep patterns as a patient? We also see the use of the word "client", but it seems to evoke a more commercial consulting image in the mind. As patient expression carries a negative connotation and implies discomfort, the term "Consultee" is preferred in this context. Although it is not yet presented in dictionaries, the term "Consultee" is used in NHS consent form (NHS, 2023) as "A consultee is someone who will only consider the likely views and interests of the person who lacks capacity." Thus, in our context, we use *consultee* term to refer to someone consulting their doctor for health advices.

If we have no existing health issues, illness, why do we still want to have check-ups and tests? Here, we observe a cultural transformation. A perception has been created in people's minds that the confirmation of being healthy or the diagnosis of

illnesses is not possible without conducting analyses and examinations (Kucukusta, 2022).

On the other hand, if you don't get screened and you get sick, you think it will be your own fault. "This "anticipated regret" also promotes more testing." (Welch, Schwartz, & Woloshin, 2011, p. 309), thus, it is an endless loop that the system spins its web. People become chronically ill; the irony here is that the success of medicine also makes people more susceptible to ailments that can only be diagnosed with high technology (Beck, 1992). As argued by İnceoğlu, Özçetin, Gökmen Tol, and Alkurt (2014), the health discourse led by opinion leaders predominantly attributes the responsibility for safeguarding and improving health to individuals. This perspective implies a process of de-contextualization, de-socialization, and depoliticization concerning health-related issues. Undoubtedly, this tendency is closely associated with neoliberal governmentality, emphasizing the "enhancement of the powers of the client as a customer" (Rose, 1993). Consequently, health-related concerns are framed exclusively as individual problems. In this framework, the social, economic, political, and ecological dimensions of health issues are easily overlooked, including issues such as air, water, and soil pollution from industrial waste, the tension between economic development objectives and public health, hazardous working conditions for laborers, and the presence of genetically modified organisms, among others (İnceoğlu, Özçetin, Gökmen Tol, & Alkurt, 2014). In line with Dizdar's (2014) question, "How is cancer advancing so much despite the progress in science?" it is emphasized that early diagnosis through check-ups is not truly early, as the disease has already formed at that point. The primary preventive method is changing the conditions that lead to illness.

Indeed, considering all that has been discussed, it is essential to examine the doctor-consultee relationship in light of these considerations. Mothers navigate a complex decision-making process influenced by their trust in doctors, alignment with information from the internet, and social group dynamics. In instances where doctors' practices align with their knowledge, individuals express satisfaction, emphasizing the following reactions:

1. **Satisfaction from medical examination:** Mothers appreciate the thoroughness and effectiveness of medical examinations conducted by the doctor.

2. **Trusting the doctor implicitly:** There is a high level of trust, leading individuals to follow the doctor's advice without hesitation.
3. **No search for alternative doctors:** Mothers feel confident in their choice of doctor, showing no inclination to seek alternatives.
4. **Recommendation of the doctor to others:** positive experiences prompt mothers to actively recommend their doctors to their social circles.
5. **Gladness in knowing the doctor:** There is a sense of gratitude and satisfaction associated with choosing a particular doctor, indicating a positive doctor-patient relationship.

Conversely, dissatisfaction with the doctor's approach prompts mothers to seek alternative information sources and support from social groups. Common reactions expressing dissatisfaction include:

1. **Losing confidence in doctors:** Mothers are highly sensitive and fragile when it comes to matters concerning their babies. When they cannot find the desired solution from doctors or do not see the expected results in their babies, they combine their feelings with a general distrust in the healthcare system and doctors, leading to significant disappointment. In such situations, they tend to develop not only apprehension and distrust towards the specific doctor they visited but also towards all doctors in general.
2. **Advising limited consultation with doctors:** Recommending doctors only for diseases, not for nutrition, sleeping habits, or baby psychology questions, which are considered better addressed on the Internet.
3. **Emphasizing self-learning:** highlighting the importance of self-learning, taking full responsibility, and disregarding others' opinions.

In the decision-making process, mothers tend to consult a doctor and follow their advice when facing problems. However, if the suggested method proves ineffective or potentially harmful, mothers conduct further research and make decisions based on their investigations and observations.

Mothers frequently turn to the internet when encountering concerns with their babies, re-evaluating advice from doctors by cross-referencing it with online information. Reasons for seeking health information online include researching

alternative products or methods, reading others' opinions, comparing information, evaluating before consulting a specialist, and conducting further research after consulting a specialist to make informed decisions for their baby's health.

Maternal observation emerges as a key factor in the decision-making process. Mothers recognize the importance of closely observing their babies and make decisions based on instinctual understanding rooted in the maternal bond. While internet resources and doctor recommendations play roles, mothers actively engage in learning, share scientific links, exchange experiences, and explore different practices online. This collective knowledge empowers them to make informed decisions, even if doctors recommend alternative courses of action.

At this point, one might consider the possibility of mothers making uninformed choices due to health illiteracy. However, research conducted in Turkey indicates that mothers who seek health information make a conscious effort to consult their doctors on uncertain matters, displaying a tendency not to rely on hearsay or unproven information. For instance, as Yılmaz's research (2020) sets forth, although people do believe and practice some traditional methods such as Cupping therapy and Leech therapy are beneficial for them, they do not approve buying drugs from the pharmacy upon recommendation without going to a doctor. In another study involving 394 mothers with infants aged 0-24 months who visited the paediatric outpatient clinics of hospitals, it was revealed that 53.8% of mothers shared information obtained from the internet with their doctors (Uyar & Beydağ, 2022). These studies emphasize that mothers of newborns are most receptive to doctor recommendations during this period, and healthcare professionals should consider it as an opportunity for education (Toksoy, 2019; Gökoğlu, 2021). These data confirm our hypothesis that we have taken from Johnson and Case's (2012) study "In order to empower individuals in their decision-making processes, health information should be presented to them from as wide a perspective as possible, incorporating causal relationships".

Maternal observation and tailoring health information through the Internet for decision making:

The internet plays a crucial role in aiding mothers' decision-making processes by providing a vast and easily accessible source of information. Here are key ways in

which the internet supports mothers in making decisions for their babies from our research findings:

Access to diverse information: The internet offers a diverse range of information on various health-related topics, allowing mothers to explore different perspectives, treatment options, and experiences shared by other mothers.

Researching alternative products and methods: Mothers use the internet to research alternative products or methods, seeking information beyond conventional medical advice. This enables them to consider a broader spectrum of options for their baby's well-being.

Reading others' opinions: Online platforms provide spaces for mothers to read and learn from the experiences and opinions of other parents. This collective wisdom helps them gain insights into different approaches to parenting and healthcare.

Comparing information: Mothers use the internet to compare information obtained from different sources, including medical professionals, online forums, and reputable health websites. This comparative analysis allows them to make more informed and personalized decisions.

Evaluating before consulting a specialist: Before consulting a specialist, mothers often turn to the internet to gather preliminary information about their baby's condition. This proactive approach helps them better understand the situation and engage in more meaningful discussions with healthcare professionals.

Conducting further research after specialist consultation: Following a consultation with a specialist, mothers may conduct additional research online to validate or complement the information received. This iterative process ensures a well-rounded understanding of their baby's health.

Seeking guidance from various sources: Online platforms connect mothers with diverse individuals, experts, and authoritative sources. Mothers actively seek guidance from these sources, shaping their perspectives and contributing to a more comprehensive decision-making process.

Sharing experiences and learning collaboratively: Mothers participate in online communities, sharing their own experiences and learning collaboratively with others. This collective knowledge-sharing empowers them to make informed decisions based on a combination of personal experiences and external information.

In summary, the internet serves as a valuable tool for mothers, offering information, support, and diverse perspectives that contribute to their decision-making process. It enables them to approach healthcare decisions for their babies with a more comprehensive and informed mindset. As a result of information seeking, a person can overcome the traditional passiveness of the sick role in favour of action: reducing guilt and imparting to individuals the idea that they are still serving society while also being responsible for restoring their own functional effectiveness (Johnson & Case, 2012).

Mothers liked to crowdsource information (Shirky C., 2009), that is, to gather opinions from multiple sources. We and others have found that mothers make decisions by instinct and/or consensus. Although mothers liked to crowdsource information, that is, to gather opinions from multiple sources make decisions by instinct and/or consensus (Moon, Mathews, Oden, & Carlin, Mothers' Perceptions of the Internet and social media as sources of parenting and health information: Qualitative study, 2019). In our research, all mothers stated that they give the final decision by observing their baby, by instinct. However, we need to be very careful while using the term *instinct*. Because, this term underestimates roots of motherhood which is socially constructed.

Is motherhood a natural instinct or socially created or both? According to Miller (2010), even if the feeling of being a mother is delayed, as it is today, it bodes to a desired experience. Isn't the word "care" retrieved from German roots etymologically meaning that the answer to a cry as it is the innate answer of the mother when she hears the cry of her child (Reach, 2014, p. 18), so motherhood must be naturally existing in all women? On the other hand, this desire goes far beyond the fact that everything about motherhood can be explained and resolved instinctively. Miller explains this situation as follows: Coping with experiences that do not match expectations can be so difficult that women question their own abilities. "If childbearing and mothering practices are natural and instinctive, as prenatal narratives suggest, then how do women make sense of subjective experiences that do not fit these essentialist approaches at all?" (Miller, 2010, p. 154).

Instinct, by dictionary definition, means "a natural quality that makes people and animals tend to behave in a particular way using the knowledge and abilities that they

were born with rather than thought or training." However, as revealed in our research, mothers seeking health information for their babies spend almost 24/7 with their babies, constantly observing them, filtering the information they gather from doctors, the internet, and their surroundings to make the most suitable choices for their babies. They invest serious effort in learning about motherhood and getting to know their babies. There is no doubt that those who have pets will best understand what their animals are trying to communicate, what they love most, and how they should behave to them. Explaining such a strong bond solely through instinct undermines the effort put into it. Thus, we can say that mothers tailor all the information they gather through the Internet and observing their baby for the final decision.

In order to capture the struggle of mothers in making health decisions for their babies, we have modelled it using the "My Eye Model," combining our research findings with relevant literature in *Figure 4*. The model emphasizes the dynamic and iterative nature of decision-making, highlighting the constant adaptation and renewal of strategies in response to evolving needs through the Internet.

As illustrated in the design, the upper eyelashes of the model serve as indicators of the information-seeking mother's status and her ability to sustain and perceive life under certain conditions. This aspect encompasses personal characteristics and life opportunities that enable her to maintain a healthy life for her baby.

The baby symbol within the pupil represents the individual being cared for, in our research specifically a baby. The decision-making process is visually depicted around the pupil, constituting an interactive and cyclical journey. The entire process repeats itself based on renewed needs.

The dianoetic process of decision-making is symbolized by the cycle surrounding the pupil. The mother, as the decision-maker, engages in observation by closely monitoring her baby, proceeds to information collection, and then formulates a strategy based on the gathered information. This strategy is subsequently analysed based on its outcomes, evaluating whether it aligns with the identified needs or not. Critical to this entire process is the individual's perception regarding their own conditions, knowledge and observation.

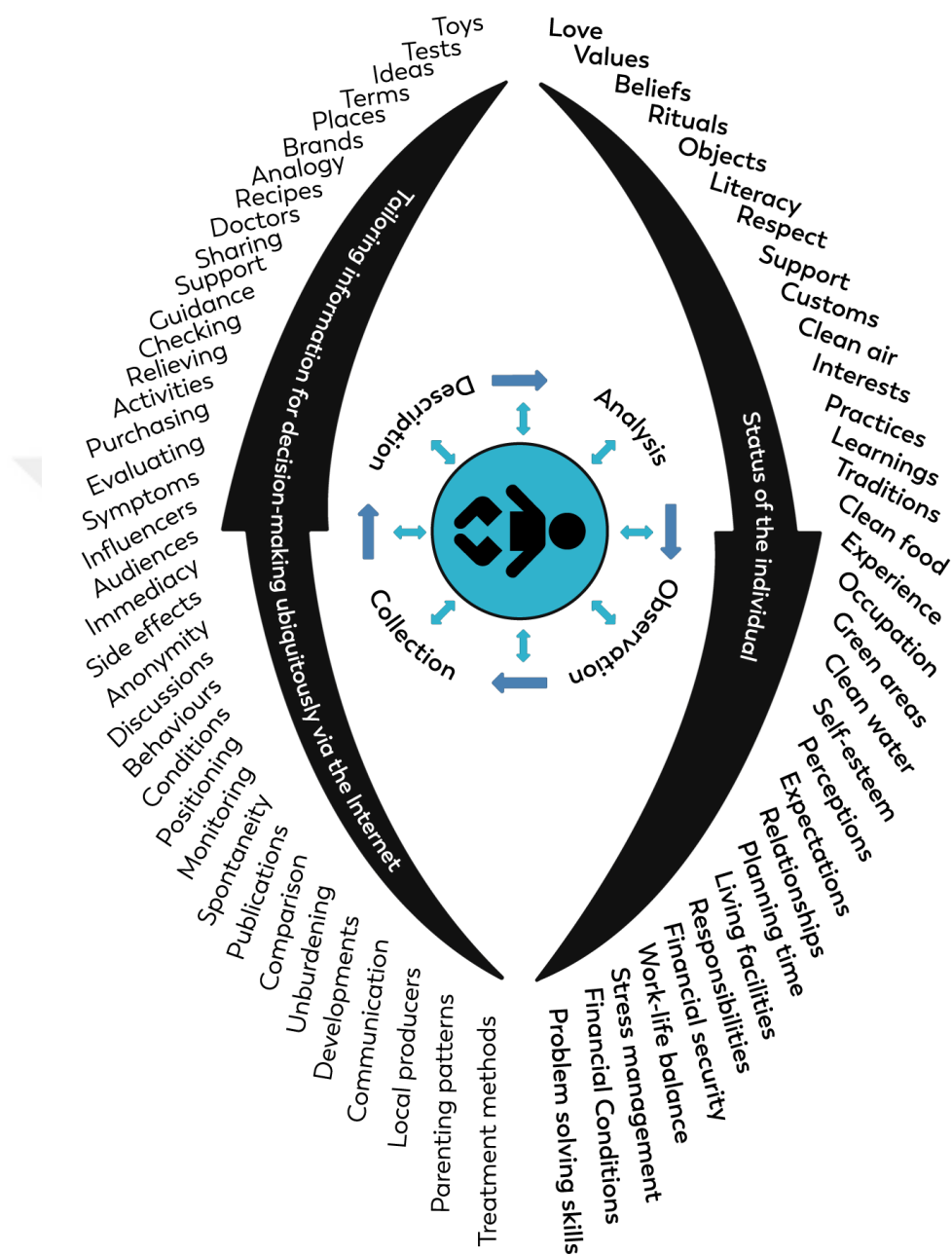


Figure 4: My Eye Model: Mothers' decision making through the Internet

Okay, so how should we interpret all this decision-making process? This decision-making process signifies a paradigm shift in individuals' approach to illness, being patient and to doctors as health authorities. Here's how: In a traditional understanding of health, individuals often rely on the authority of doctors when

making health decisions. The individual consulting to a doctor, accepts his/her patient role. The patient role is based on three² fundamental components (Turner, 2007):

1. Legitimization of certain social obligations such as responsibilities related to work and family connections.
2. Obligation for the individual to recover
3. Expectation for the individual to seek competent healthcare from an educated physician.

Therefore, as mentioned earlier, we cannot categorize a mother who attends routine check-ups for her child, seeks information for its well-being, as "patient" or "ill" simply based on this role definition.

When we look from another perspective, since people live longer and today's technology detects any deviation from "normal" values in the body, chronic diseases are becoming more prevalent. However, they feel good and they do not accept they are ill. Should we continue to call them patients (Aktaş, 2019)? Kiernan and Karlawish (2019) states that: *"We also need to incorporate early and excellent management of disease as part of health, with objectives for prioritizing risks and benefits according to an individual's evolving needs, priorities, and health profile over the life course"*. Thus, health should be considered more as a process, rather than a state. In this regard, old patient-doctor relationship models fall short on explanation of an autonomous individuals who follow their body signals through mobile health applications, knows best diets for themselves from different brands and cookers, reads scientific information up-to-date to see different approaches about a treatment as well as alternatives and real-life experiences from social groups, seeks for more and more information on the Internet. People who feel good by managing his/her health decisions autonomously even if they have a temporary or chronic disease, they cannot be called and treated as patients anymore (Kiernan & Karlawish, 2019). This evolving situation signals the emergence of a new culture, the Internet and internet-connected devices taking a leading role in its widespread adoption.

The fundamental characteristic of individuals who share this culture is their ability to create their own resilience within an environment where socio-ecological

² Turner explains the concept of the sick role, derived from Parsons, under four headings, but here we have grouped them under three headings. For the original one, see Turner, 2007, p. 50.

factors and inequalities, forming the main backdrop of preventable diseases, are obscured (Szasz, 2007). In this context, individuals are held responsible for their health and illness conditions, and symptoms of health and unhealth are evaluated in accordance with material interests (Panitch & Leys, 2011). People in this culture develop their own capabilities and devise their own strategies in everyday life practices to navigate and cope with the challenges presented by these socio-ecological factors and health-related responsibilities as it is explained in de Certeau's *Practice of Everyday Life*.

Michel de Certeau's (1988) concept of tactics defines the practice in which individuals or groups, in the face of formidable institutional structures, employ creative and flexible strategies to achieve their objectives. Tactics represent the resistance and manoeuvres of individuals or groups within the current situation. In contrast, strategy typically involves the planned thought and action schemes implemented by those in power, such as institutions or organizations, to achieve specific goals. However, tactics manifest as forms of opposition or defiance by the less powerful, individuals, or communities, using the existing situation and manipulating various tools. The struggle of mothers to make health decisions regarding their infants exemplifies this notion, as they develop their own tactics against authoritative figures like societal elements, family elders, doctors, and occasionally spouses and friends, and from a wider perspective, policy makers. In this sense, the internet serves as a life coach, empowering mothers by enabling them to gather information, validate their decisions, and share their own experiences.

**d. How do mothers perceive the Internet as a source of health information?
How are information seeking and sharing perceived? Would they
recommend everyone to use it for health decision-making?**

From the early days of radio, gender inequality in media persists. According to Media Takip Merkezi's³ research (NTV, 2011), there is a glaring absence of women in leadership positions within national broadcasting. Notably, no women hold chief editor positions, and women are conspicuously absent from writing opinion columns in sports newspapers. At national newspapers, only 17% of columns are authored by

³ Media Takip Merkezi means Media Monitoring Center in English

women. Moreover, among the chief executives of 36 TV channels, a mere 3 out of 38 are women. In sectors like sports (2%), economy (8%), and politics (9%), women's representation suggests an area of expertise predominantly occupied by men, whereas women generally contribute to newspaper supplements.

Despite the limited representation in content production, women often find themselves as subjects in traditional media. MEDİZ's⁴ report on the 'Representation of Women in Media' (MEDİZ, 2008) highlights the stereotypical portrayal of women as wallflowers, self-sacrificing wives/mothers, materials for magazines, or sex objects. Women are frequently depicted as victims or defenceless individuals in news, perpetuating a biased narrative. Interestingly, even in cases of violence where men are perpetrators, the media often focuses on the female victims (Bayık, 2017).

The dead duck position of traditional media is relegated by new media. In this domain, media usage aims for a more personalized experience. Social media is utilized by 71% of women and 62% of men. While platforms like LinkedIn, Google+, and YouTube attract more male users, Facebook, Twitter, Instagram, and Pinterest are favoured by women (Kızmaz, 2014).

Women engage with social media more extensively than men, especially dominating visual platforms (Hillsberg, 2018). A study, 'Digital Moms and Digital Dads' (Campaign Türkiye, 2017), explores the motivations, thoughts, and product-focused behaviours of mothers and fathers in the online world. The research, conducted in 36 different countries, including Turkey, reveals that both fathers and mothers consider the internet as their primary tool for information gathering. Mothers are primarily motivated by "Learning how to do" (71%), followed by "Education research" (67%), and "Following the actual," whereas content sharing, enjoyment content consuming, and sharing ideas are secondary priorities. Although fathers engage in similar activities, their priorities and percentages lag behind those of mothers in the online world. Therefore, first and foremost, with the advent of the Internet, the presence of women seeking information has changed; women have become active information prosumers and influential opinion leaders based on the needed information.

⁴ MEDİZ (Medya İzleme Grubu): Media Monitoring Group

Critically, in the end, it is humans who make decisions on how effective the technologies developed for humanity are; human perception is crucial in this sense (Johnson & Case, 2012). In the final part of the interviews, we posed questions to comprehend their perception of the Internet regarding the search for health information online. This aimed to allow mothers to assess their experiences of seeking health information on the internet over time. Specifically, the question "Would you recommend searching for health information online to other people?" aimed to identify areas where individuals struggled, felt confident, and paid particular attention within their experiences. By combining the information, we gathered for this purpose with the literature, we categorized it under three main headings; perception of the internet as a source of health information, individual autonomy through collaborative movement, cautionary advice for online health information seeking.

Perception of the Internet as a source of health information:

Here, in the perception of the Internet as a source of health information, mothers focused on the achievements from online health information seeking? We summarized them as follows:

Empowerment and sense of community: Health information seeking empowers mothers to make informed decisions and fosters a sense of community in their motherhood journey. It allows them to explore various dimensions of health issues, leading to a sense of accomplishment in their role as mothers. While navigating on the Internet, Mothers are also exposed to information that they are not trying to obtain. Even in this learning style, mothers interactive with the ones doing search for them, discover what they need to look for, what they should expect, how they do things, and manage obstacles. We can see how people really feel like "I am not the only one", "I am not alone". In this manner, health communication occurs in social collectiveness, creates wisdom of crowds. People can choose their own personalised pathway that is going to fit their lifestyle best. Health communication through the Internet in not approaching human life as a symptom needs to be treated, yet, it represents lifestyles that is personalised for each individual, and empowers them to choose their own way. That might be the reason why we often heard expressions from mothers such as "I feel like I am accomplishing motherhood" within the interviews.

Calming effect: Mothers find comfort and relief in having health information readily accessible. It helps them handle common baby issues, understand normal child behaviors, and promotes a more tranquil motherhood experience. The calming effect of the Internet can also be attributed to mothers finding solutions to everyday problems themselves, which, in turn, helps alleviate the burden on hospitals and doctors.

Real-life experiences: Mothers value real-life experiences shared online, considering them practical insights that go beyond theoretical knowledge. They feel like reading stories from experienced mothers provides a unique perspective, free from hypotheses or biased information. Mothers have mentioned that they sometimes come across topics within social discussions that haven't even crossed their minds, and they learn a lot from these discussions. Passive reception of information, exposition of the information they don't intentionally try to obtain, plays an important role in self-management, interacting with more active searches (Johnson & Case, 2012). It can also help a person get out of their own bubble filter.

Critical thinking and decision-making: HIS facilitates the development of critical thinking skills among mothers. Mothers have the opportunity to encounter various types of information, including everyday knowledge, subjective knowledge, critical knowledge, and scientific knowledge, all in one place. Thus, it allows mothers making informed decisions and contributing them in their choices. Bail, Argyle, & Volfovsky's (2018) research suggests that individuals who read the news from different perspectives tend to strengthen their own opinions and become more polarized. This indicates that the internet facilitates decision-making and testing of decisions by providing diverse sources of information.

Convenience and efficiency: The internet provides immediate access to diverse information sources, contributing to the efficiency of information identification, especially on taboo topics like vaccines. Ubiquitous learning integrates digital content, physical surroundings, mobile devices, pervasive components, and wireless communication to deliver teaching–learning experiences to users at anytime, anywhere, and anyway.

As a result, the internet is perceived as a life coach that mothers can access anytime, anywhere. Mothers have mentioned that they use their mobile phones most often when putting their babies to sleep, and when they need to conduct more in-depth research, they turn to the computer. Mothers emphasize their search skills in dealing with misinformation, misleading guidance, and advertising content found on the internet. They highlight the importance of cross-referencing information from various sources in multiple languages to make their decisions.

Individual autonomy through collaborative movement:

When one becomes a parent, social roles and all forms of relationships in the surrounding environment undergo a transformation with the presence of the child. In the context of heterosexual family structures, the woman assumes the role of the mother, and the man becomes the father. Maintaining autonomy within this social framework and making one's own choices is not a straightforward task. Do individuals within these structures not have the ability to form their own distinct groups, participate in discussions, and activate their decision-making mechanisms in order to achieve autonomy? On the internet, individuals searching for appropriate information related to their own life practices and making decisions about their health embody these forms of grouping and autonomy.

Especially in the 19th and 20th centuries, the use of antibiotics, coupled with improvements in hygiene conditions, marked the golden age of medicine, began to influence the lifestyles of societies much like a religion (Foucault, 2003; Illich, 2003; Apple, 2014). Medical professionals have undertaken various initiatives to disseminate scientific knowledge to the public and contribute to the organization of their lives, exemplified by practices such as nurses going door-to-door advising mothers against using pacifiers (Apple, 2014). However, as evident in studies of Uses and Gratifications, individuals exhibit personal differences in how they select, interpret, evaluate, and share media; the information provided and the tools used will be perceived and utilized according to one's own needs. Indeed, mothers have been known to hide pacifiers when health professionals visit, listen to the experts, and then continue to use pacifiers in a manner they believe is comfortable for themselves and their babies after the experts leave (Apple, 2014).

Today, a notable example illustrating how individuals assess doctor recommendations according to their own criteria is the disposal of medications without being opened. Research indicates that approximately 50% of patients do not adhere to doctors' advice and do not comply with medical regimens. One estimation has shown that the cost of wasted pills due to non-compliance with recommendations could exceed an annual average of 300 million pounds (as cited in Walton et al., 1980; Turner, 2007, p. 60). In Turkey, 45 out of every 100 prescribed drugs end up in the trash, and with the waste medicine collection campaign, over 30 tons of medication have been collected in Istanbul alone (Küçükusta, 2021).

In our research, it emerged that mothers make decisions about their babies by observing and evaluating information obtained from various sources, including both doctors and the internet. While these mothers respected, appreciated, and valued their physicians and nurses, these healthcare providers were not integral to their everyday experiences, as highlighted by Apple (2014). Mothers, equipped with their own common sense and observational skills, base their decisions on the practicality and relevance of medical advice to their daily routines. If the advice does not address their babies' specific issues or if they perceive it as potentially causing more harm than benefit, they may choose not to follow the doctor's recommendations. Instead, they actively seek out healthcare providers who share similar life perspectives, experienced parents, scientific knowledge, and peer opinions on the internet.

Although our focus in the research may seem to be on individuals' personal experiences and how they navigate challenges, we aimed to examine the collective outcomes of how people gather information through the internet (Betran, Ye, Moller, Souza, & Zhang, 2021). Mothers have their own information institutes online, that they are sharing all their experience and knowledge to have a better motherhood umbrella. For instance, Gülçayır Teke (2014) conducted research on mother blogs, suggesting that these blogs serve as a significant source for women to explore various facets of femininity on the path from traditional motherhood to modern and contemporary postmodern motherhood. Her research revealed that women share their motherhood experiences on social media platforms for reasons such as "doing something for themselves," "creating a digital memory book for their children," and "sharing experiences with other mothers."

According to Whitehead (as cited in Whitehead, 2015; Öz & Turancı, 2015), mother blogs transform the mothering experience, contributing to the shaping of mother roles within the private sphere of homes. This transformation is evident in the outpouring of messages and comments on these blogs, where mothers freely share private problems, whether their own or those of their proxies, related to health or family issues. The interactive nature of these platforms allows for a communal exchange of experiences and support, creating a virtual space where mothers can connect, empathize, and seek advice from one another.

The child-centred lifestyle, followed by the migration of various motherhood forms to the internet, has also influenced consumption practices. In contemporary times, as noted by Badinter (2011), the dynamics of the family-child relationship have shifted, with children moving from contributors to the family workforce to consumers, thereby increasing household expenses. Even women with high levels of education and successful careers are leaving their jobs to dedicate time to their children, responding to the calls of health and naturalist discourses.

In our research, we observed that women, through researching health information and challenging to make their own decisions, are asserting their own habitus; skills, and cultures, framing decision-making as a privileged skill. Firstly, their ability to find health information, assess it in multiple languages, and apply it to their own life practices by sharing it with experts or experienced individuals demonstrates the skills highlighted in the definition of health literacy. Secondly, choices such as staying at home with children instead of working or purchasing organic products serve as indicators that provide insights into a person's socio-economic status within society.

For instance, Soysal Al (2015) traced the adoption of organic food consumption as a precautionary measure and a technique of neoliberal governmentality among mothers, turning it into a privatized responsibility. Mothers not only reproduced organic food practices and discourses but also positioned their economic status as a distinguishing factor among mothers, portraying organic feeding practices as both gendered and distinctive within society. From a health communication perspective, similar to the findings presented by Öz and Turancı (2015) in their study, the

examination of mother blogs reveals the mention of specific brand and product names. This aspect is crucial for brands as it functions as a form of word-of-mouth representation, emphasizing the need to consider it as a form of indirect marketing, given that 74% of consumers rely on social media when making buying decisions (Masroor, 2015).

Thirdly, individuals have the opportunity to engage in open discussions, examinations, and access resources on a particular topic, regardless of whether they are a healthcare professional, a parent who has deeply researched the subject, or an experienced individual. In this sense, people coming together on a platform serve as life coaches for both themselves and each other. According to the definition of life coaching, which holds a significant place in personal development studies, life coaching is a professional guidance system that enables the client to reach the highest limits of their potential and achieve their life goals. The life coach, by providing individual attention to the client, asks the right questions to help the individual discover and develop their potential, define personal goals, and develops suitable strategies to motivate the client to take action. In this partnership, some of the responsibilities of the life coach are as follows (Kariyer.net, 2023):

- Facilitate the development of a perspective aligned with the client's lifestyle for them to reach their desired goals.
- Motivate the client to discover and develop their own potential.
- Develop action plans and strategies suitable for the client's goals, character, and perspective.
- Improve the client's perspective to ensure they take responsibility.
- Guide the client to find the answers they need with the right questions.
- Enhance the client's decision-making and choice-making skills for an effective, balanced, and successful life.

Certainly, individuals do not need to officially declare themselves as life coaches within a platform. However, when dozens or even hundreds of people respond to a mother sharing her concerns on a social platform, the information derived from someone else's question or post—a piece of knowledge that an individual has researched, specialized in, and taken the effort to articulate in writing—can support someone in making their autonomous decisions. Castells (2015) refers to this

communication autonomy as "mass-self communication," where the mass is connected to global icons, and the self is empowered by self-generated, self-directed, self-retrieved, and self-organized information, enabling the organization of counterpower within social movements and insurgent politics. With the internet reaching billions of users, it has created a new form of virtual reality by bypassing both businesses and governments, thereby supporting individual autonomy.

Castells emphasizes the importance of understanding power dynamics in this context. Power is the relational capacity that enables a social actor to asymmetrically influence the decisions of other social actors in ways that favour their interests and values. Power can be exercised through force or the possibility of force, as well as through the construction of meaning in the discourses that guide social action. The analysis also introduces the concept of counterpower, highlighting the inherent resistance to domination wherever power exists. Thus, Castells notes that all societies are constructed in power relationships that are conflictive and competitive.

The communication field, characterized by pervasive communication networks, plays a crucial role in shaping power relationships. In this regard, the key source of this power is the communication as the production of meaning through discourses. The emergence of social movements and insurgent politics is discussed as a response to the crisis of legitimacy in traditional political institutions. Social movements aim to change societal values, while insurgent politics work within the existing political system to translate social mobilizations into political projects.

In our example, both from internet shares and individual conversations, we have observed that mothers often feel that doctor recommendations can sometimes misguide them such as redirecting a mother who wants to breastfeed towards formula feeding. They express the need to research clean products, strive to learn the most suitable psychological approaches for their babies, and seek support from their partners, doctors, and communities. However, the mechanisms responsible for ensuring that food and clothing are produced and presented in clean ways are structures that fall under the purview of the state. Similarly, brands we trust should act responsibly in this regard.

From this perspective, these mothers, who observe the potential for natural disasters or wars around their seemingly safe homes and the possibility of harmful chemicals in products made for children, are attempting to develop their unique defence mechanisms in a risk-laden environment. Reading, researching, and supporting each other in this endeavour make them strong and give them a sense of not being alone. The proliferation of blogs, videos on platforms like YouTube, and social spaces like Facebook has created a virtual space that magnifies the autonomous capacity to communicate, bypassing traditional controls (Castells, 2015). In this regard, the horizontal network of communication, which has given rise to increased communication autonomy, is crucial.

Castells interprets the increase in civic activism through digital platforms despite the decline in political participation worldwide as individuals believing and valuing their own democracies, they don't believe in democratic institution. According to him, individuals fill the gap of the crisis of legitimacy with alternative projects alternative values alternative forms of organizing society in terms of other interests and other values always in interaction with the formal constructions.

Castells provides examples of instant mobilizations triggered by events and discusses their effectiveness in bringing about political change. The concept of "insurgent politics" is introduced, focusing on the ability of social movements to organize and mobilize through the internet. In this sense, Gezi Park movements (Noam, 2013; Eryılmaz, 2017), Disabled people's digital activism (Meriç Fermanoğlu, 2019), organizations combating violence against women (Şentürk, Tos, & Dıvrak, 2022), change.org campaigns in Turkey (Emet & Azra, 2019) examples can be defined as social movements powered by communication in the digital field, along with the role of the internet in connecting local movements globally. The significance of the communication space in contemporary society, shaped by technology and business interests. Because of that, there can be the increased possibilities for autonomous intervention by individuals and social movements in this space. However, Castells also warns of challenges, including attempts to control and censor the internet. He encourages the preservation of the commons of communication networks as a means to ensure the autonomous construction of meaning and the prevention of the enclosure of communication by powerful entities.

Critiques such as the inauthenticity of communication, people making uninformed decisions, and societal disintegration can be raised against this new form of social structuring. Ultimately, modern thought tends to evaluate society through a progressive perspective, always believing there is a better point to reach. However, when we assess the situation with a post-modernist thought structure, it may be possible to focus on the changing perceptions of authority, autonomy, and health and observe the situation from this perspective without passing judgment. The need for a relationship with the community existed before the advent of the internet. The internet, rather than weakening sociability under the pressure of the network, does not lead to the expression of individual values; instead, it accompanies them (Maigret, 2014, p. 344). This state of accompaniment supports individuals in making personalized health decisions within their autonomy.

Cautionary advice for online health information seeking:

Despite mothers using the internet as their right arm in the first year of parenting, there are significant points in their online information-seeking experiences where they struggle, find problematic, and believe that others may reach incorrect results when conducting similar searches. In this regard, the first suggestion that comes to their minds is that individuals who cannot verify information from different channels, distinguish information from advertisements, and, in this sense, cannot access reliable information should consult their doctors. For example, Dilan's statement, "*I would not want my mother in Turkey to do research on the internet because the resources she can reach are very limited. I'd rather tell my mother to make an appointment with the doctor*" emphasizes the importance of skills such as internet search abilities and health literacy. We have categorized the most frequently expressed problems of mothers regarding searching for health information on the internet under three headings: Escalation of anxiety levels, reliability and credibility issues, misleading copy-paste information.

1. Escalation of anxiety levels: Mothers express concerns about an increase in anxiety levels due to health information seeking. When we look at the expressions of mothers, we see that this concern arises from two main reasons. The first one is the presence of connections on the internet between a simple disease one looks up symptoms for and cancer. In this sense, it can lead to conditions ranging from

hypochondria to more severe health anxieties; or individuals who are already hypochondriac may be adversely affected by online searches. At this point, the importance of internet search skills and the ability to navigate towards reliable choices tailored to oneself comes to the forefront.

A second reason could be the extension of criticisms faced by mothers in daily life being observed on the internet as well. Indeed, both in everyday life and in online social environments, we see that mothers can easily criticize each other's different choices. While mothers of young children face numerous parenting decisions, starting with choices about infant feeding methods and sleep position, to daily decisions about toddler diet, discipline, and health/safety, they also encounter criticism. Most mothers (61%) report experiencing criticism about their parenting choices, with the most frequent sources being family members – spouses/child's other parent (36%), in-laws (31%), or their own parents (37%). Mothers report less criticism from peers – friends (14%), other mothers they encounter in public (12%), commenters on social media (7%) – or from their child's health care provider (8%) or childcare provider (6%). Approximately 1 in 4 mothers (23%) have faced criticism from three or more groups. In this context, Bora (2001) argues that various motherhood roles are presented and weighed against each other, leading to conflicts.

Various tactics are employed by mothers to overcome the challenge of criticism. Many seek additional information about a specific topic, either by searching for information themselves (60%) or asking a health care provider (53%), and 37% have made a change in how they parent. While 67% of mothers say that criticism made them feel more strongly about their parenting choices, 42% indicate that at times, criticism has made them feel unsure about their parenting choices. Half of mothers say that they avoid certain people who are critical, while 56% have stopped criticizing other mothers after experiencing criticism themselves.

When we look at these criticisms as the validation or falsification of health information, we see that individuals share information they consider accurate, along with their sources and experiences. In this context, collaboration among individuals also means enhanced knowledge sharing, and citizen researchers can leverage

collaborative research via the wisdom of crowds to quickly correct erroneous information (Johnson & Case, 2012).

2. Reliability and credibility issues: The credibility and presentation style of online information are significant concerns for mothers. As we discussed in “Health Information Seekers’ User Experience” (p. 34) in this study, it is health information providers’ responsibility to present reliable, accessible information. In this regard, users should be informed in health information platform in 8 criteria (as cited in HON, 2017; Hamzehei, Ansari, Rahmatizadeh, & Valizadeh-Haghi, 2018) which are (1) authoritative, indicating the qualifications of authors; (2) complementary, information should support, not replace the doctor-patient relationship; (3) privacy, respecting the privacy and confidentiality of users; (4) attribution, citing the sources and dates of published medical information; (5) justifiability, site must back up claims relating to benefits and performance; (6) transparency, accessible presentation, accurate e-mail contact; (7) financial disclosure, identifying funding sources; and, (8) advertising policy, distinguishing clearly advertisement from editorial content.

While the commercial health sector has taken precedence over public health, the growing attention to health issues and the growing media coverage of health issues do not mean that health information is "quality and usable." (Çınarlı, 2004). Furthermore, it is possible that people who produce health information in good faith do not always know what to watch out for.

Not only official websites, but also other information providers can easily share the knowledge they acquire through in-depth research on a particular topic on social media and gain a significant number of followers. However, it is important to note that sometimes these individuals might have the desire to reach more people through their personal pages, covering a wide range of intentions such as sharing their experiences, benefiting from other people's experiences, and documenting memories for the future. This desire to connect with more people can sometimes lead to the idea of becoming more recognizable, gaining media attention, and achieving a certain profit. Therefore, individuals sharing information and their followers should be aware that acting as "experts" in a field where they lack expertise can lead to the emergence of misinformation (Aktaş, 2019).

Yeşilşerit's (2012) study draw attention to the conscious mission of the media in creating patients, whereby they engage in covert advertising by utilizing the titles and positions of doctors in their publications. The study underscores that through these publications, media outlets are capable of directing their audience in the desired direction.

3. Misleading Copy-Paste Information: Mothers worry about the presence of misleading copy-paste information, emphasizing the need for critical evaluation. During As per a study by Karbay & Chunpir (2016), which assessed Turkish health websites, Karbay observed that many traditional media outlets were copy-pasting and rewriting information from each other.

The problem at this point is not only related to internet issues such as copyright, which are still under discussion, but mainly the presentation of prevailing opinions as universally accepted truths on these channels. Especially with the advent of COVID-19, the concept of "infodemic" (information+pandemic) has been introduced to the health field, and there is a growing argument for the need to combat misleading information related to the pandemic. Although this idea is often portrayed as a movement to protect people, it should also be interpreted as justifying censorship on the internet and preventing different ways of thinking that would allow individuals to choose their own path within the diversity of information. Indeed, while the medical community has not yet decided what needs to be done about the pandemic, people have been driven to panic. As a result, individuals without any health problems have inhaled excessive detergent and antibacterial products at home, resulting in skin problems from the excessive use of disinfectants (Yirün, Erdemli Köse, & Erkekoğlu, 2021). Although disinfectants are strictly harmful especially for kids (Khaliq, Mkhize, & Moodley, 2021; EPA, 2023), we still see in markets hand sterilisers which are shiny, small animal shaped, produced to take attention of kids. The waters discharged into the seas have also caused significant harm to nature, to the extent of causing mucilage in the Marmara Sea (Sözcü, 2023).

Mothers had to overcome deciding among contradictory information for their kids during Covid '19 such as using mask, vaccinations, staying home-going out for fresh air, and so on, as a plus to the existing challenges we have mentioned from the

beginning of the study. However, they also developed tactics for an effective health information search which they recommend that other individuals be aware of:

- Online health information should be navigated with caution.
- Filtering information effectively is crucial to avoid increased anxiety or incorrect decisions.
- They need to be aware of the challenges of distinguishing between commercial, misleading, and contradictory information.
- Emphasizing the usefulness of the internet in presenting diverse perspectives, mothers stress the importance of vigilance and cross-referencing information from different sources.

Our findings in this manner are consistent with Moon, Mathews, Oden, and Carlin's paper (2019) emphasise that despite not explicitly requesting mother in their study to outline their criteria for assessing website reliability, respondents remarked that positive past experiences with a source heightened their trust in it. They expressed a tendency to revisit websites or apps with which they had positive previous encounters. This may cause people to create their echo chambers which means they assume that everyone thinks like us, and forget that other perspectives exist or the existing perspective is the only truth as it was stressed in Bubble Filter theory (Pariser, 2011).

On the other hand, we had the opportunity to observe this issue within Facebook groups during our study. In this regard, if a group is established with the specific purpose of providing information on a particular topic and expecting sharing, for example, as seen in the BLW Turkey page we examined, when someone expresses opposing views, mothers react by suggesting, "Write in another group." In other words, if a group supports the idea of baby-led weaning (BLW), providing posts and recipes that encourage a baby to feed itself, and if a mother suggests giving puree, other mothers may warn her to write in other nutrition groups, or they may explain the disadvantages of feeding with puree in this way. Even it is a kind of echo chamber, this groups are chosen by mothers according to their life perspectives, it is not chosen by algorithms unconsciously. In another example, if a group is created for discussing general information and facilitating sharing, such as the "Searcher Mothers" group we examined, mothers can share their experiences and criticisms on the topic, simply

follow the discussion, or read and move on. Nevertheless, examining how people react to different opinions within a group where diverse ideas are shared would provide more comprehensive insights and constitute a separate research topic, as Fletcher (2020) did for comprehending news consumption in this context.

While conducting all these discussions, it is worth noting that the mothers who participated in our study are well-educated, tech-savvy, and conscious about researching health information on the internet. However, the ability for mothers to find a reliable doctor is crucial for them to evaluate their perspectives and motherhood practices through the eyes of a healthcare professional. We have discussed what they expect from a doctor above. On the other hand, the internet is now accessible as a reference source for almost everyone. In another study, it should be evaluated through one-on-one user experience research and focus group interviews how mothers who do not have the same skills and opportunities deal with complex and contradictory information in the field of health, how they come up with solutions, and how they develop their motherhood practices. This way, the inclusivity of the "My Eye Model" we presented as decision making process found in this research results would be more clearly demonstrated. Additionally, valuable data can be obtained regarding the presentation of health information on the internet. All these Internet using experiences are important because as Health Information Privacy Division (2020) sets forth "Providing individuals with access to their health information gives them greater control over decisions regarding their health and well-being".

f. In order to ensure a better online health information providing environment, what can be done?

Up to this point in the research, we have posed questions and conducted analyses to identify the user problems and needs of mothers seeking health information on the internet. Asking the question "What can be done in order to ensure a better online health information providing environment?" would serve to gain insights into the user experience of individuals searching for online health information and to identify ways to improve usability and retention. In this context, the information obtained will provide crucial data for the assessment of necessary policies, practices, and conditions.

Guide books for health information writing: Mothers proposed the development of guidebooks for crafting health news, catering to health information providers from diverse backgrounds. This includes mothers offering health advice based on personal experiences and health information content writers, including doctors. They emphasized the importance of acquiring the skills to provide information transparently and scientifically, ensuring the delivery of reliable information to the public.

Support groups among mothers: Support groups for postpartum mothers were also recommended. While issues such as babies' crying, sleeping, and feeding may seem natural, first-time mothers often find these experiences unfamiliar and worry about potential problems with their babies. In response, instant mother support groups and parental education groups were suggested, bringing together mothers with babies at similar developmental stages. These gatherings could include experts such as midwives, physiologists, and doctors, facilitating discussions about experiences, insights gained from the Internet, and providing a platform for socialization. These meetings can be online or face-to-face, for example through a service provided by municipalities.

A reliable health information platform supported by experts and AI: Regarding the desire for rapid and reliable information, mothers expressed the need for an electronic platform that could present alternative information and provide quick and trustworthy answers. While they preferred information from trusted doctors, they also suggested the development of an AI program that could offer similar functionalities.

In this thesis, we emphasize the significance of personalized approaches that consider all aspects of individuals' preferences. Artificial intelligence, so far, cannot comprehend conceptual context, which means it cannot understand, for instance, an elderly person visiting a doctor to complain about tension may actually be there to seek a sense of security and companionship rather than a straightforward medical concern. Similarly, a mother might ask questions of a doctor not only for medical information but also to persuade her husband about a particular method or needs emotional support and approval from an authority figure. Therefore, while AI can provide quick

solutions to technical problems, it cannot offer support or solace by taking into account the socio-psychological aspects of health and illness. A trusted doctor-patient/consultee communication will be the best remedy in this regard.

Feedbacks from given health decisions: Mothers expressed curiosity about the long-term results of health decisions. They wanted to learn what choices other mothers made, why they made those choices, and the outcomes of those decisions. In this regard, asking for mothers feedbacks in social platforms could be anticipated.

Finding their path among antinomy and autonomy: In light of negative experiences, mothers sometimes found it challenging to determine whom to trust. Issues such as misleading doctor recommendations, harmful substances in baby products, contradictions in general discussions, and societal pressure contributed to their uncertainty. They were particularly disturbed by the censorship, taboos, alteration, and potential accusation of ignorance towards mothers questioning information outside the mainstream. Additionally, difficulties in accessing information outside mainstream sources and a general mistrust in institutions were highlighted.

In this context, designing a health information search in a reliable and user-friendly environment is possible. For instance, in a project (Cheong-Iao Pang, Chang, Verspoor, & Pearce, 2016), a website named Better Health Explorer was created, aiming to design a platform for consumer health websites that supports various health information-seeking behaviors. A UX research study was conducted, involving 31 participants in the observational study. The outcomes demonstrated improved knowledge acquisition, a higher volume of page reads, and increased query reformulations in both focused and exploratory search tasks. Moreover, participants invested more time exploring health information with our design during exploratory search tasks, indicating heightened engagement with the website. Ultimately, they identified four design considerations for developing consumer health websites and health information-seeking apps: (1) providing a dynamic information scope; (2) supporting serendipity; (3) considering trust implications; and (4) enhancing interactivity.

According to Habermas's communication model, genuine critical knowledge can only be produced and developed in democratic dialogues and open communication environments (Turner, 2007, p. 63). Following the sincere contributions made by mothers, a fundamental question arises: Is there a genuine desire to transparently present all information to people and allow them to make their own decisions?

One of the groups we focused on in this study was the "I am not obliged to vaccinate" (NOV) Facebook page, established in 2010 with the motto "You do your research, we decide." The group served as a platform where families who claimed to have harm from vaccines shared their experiences, discussions about vaccine-related laws took place, and vaccine prospectuses were published. It was shut down in September 2019, leaving virtually no trace, as all of its content was deleted. A few months before this incident, Facebook faced scrutiny for allegedly spreading vaccine hesitancy by bringing together various anti-vaccine groups. Mark Zuckerberg, the owner of Facebook Ltd, was questioned by Representative Adam Schiff about whether he accepted advertisements from these groups and whether he took action against misinformation (see Appendices) (Frier, 2019). In response to these developments, Facebook swiftly banned pages that were accused of spreading "anti-vaccine views," encompassing the pandemic period as well (Reuters, 2021). At the current juncture, in a same manner with many others from different countries, The Attorney General of Texas has taken legal action against Pfizer, alleging that the company exaggerated the efficacy of its Covid-19 vaccine and deceived the public (Oladipo, 2023).

Vaccine discussions have not begun with Covid '19. In her article for The Independent, namely "The centuries-long history of vaccine hesitancy: How did it emerge, how did it organize, and what was its impact on pandemics?", Üren (2021) delves into the 2007 Pfizer scandal in Nigeria, which gained global attention through a lawsuit filed by the Nigerian government. The government asserted that Pfizer unlawfully conducted trials of an experimental meningitis drug named Trovan on children in 1996, resulting in numerous deaths and disabilities. Despite Trovan receiving approval in the United States in 1997, exclusively for adult use, the U.S. Food and Drug Administration (FDA) issued a warning about potential liver damage two years later, leading to the discontinuation of the drug's production. According to

Üren, these scandals heightened public concerns and contributed to sentiments of vaccine hesitancy.

As another example, in his book "Yemezler!"⁵, Dizdar examines the relationship between nutrition and disease, starting from non-acidifying yogurt, long-lasting UHT box milk, and chickens that can be raised in 45 days and cooked in 20 minutes. Through this, he aims to highlight how the industrial production approach that condemns consumers to long shelf-life food through supermarkets makes people sick. As a result, numerous lawsuits have been filed against Prof. Dr. Dizdar (2016) who serves as an academician.

In another agenda, a report from Istanbul Technical University examining the rice at hand revealed the presence of GMOs, which are prohibited in Turkey. Intervening parties influenced the situation, leading the university to retract its report and file a lawsuit against Associate Professor Dr. Alper Tunga Akarsubaşı, the project's lead, holding him responsible for errors in the experiments and dismissing him from his position (Görgü, 2013).

Discussions among mothers in groups on social media are filled with stories of doctors persuading mothers to choose caesarean section either because they are going on vacation or by criticizing the physical characteristics of the mother. In this sense and from many other examples, trust in institutions and organizations responsible for protecting the interests of citizens is deeply shaken, and it is individuals who are increasingly seen responsible for the illnesses (Turner, 2007), and also trying to find reliable sources for themselves. This is how information is shaped, covered, used in the post-truth era in power relations.

The Oxford Dictionaries Word of the Year for 2016 is "post-truth," defined as 'relating to or denoting circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief.' (Oxford Languages, 2016). In her study, Jaroslava (2018) examines the post-truth phenomenon related to legitimisation crisis in three stages. Firstly, at the micro-level, she addresses

⁵ The Turkish expression "Yemezler" encompasses both the meanings "They won't buy it" and "They don't eat it" in English. It conveys a sense that the subject is not easily persuaded or deceived.

how liberal elites treat non-experts as rational actors contemplating policy alternatives. She acknowledges the inclination to selectively choose information and process evidence in a manner that reinforces pre-existing beliefs. The success of populists, according to her, originates from promoting causal explanations and evoking emotions that maximize people's cognitive ease. Secondly, at the meso-level, Jaroslava explores the shift to the digital realm and how news companies are losing their traditional role as truth-gatekeepers. With the decline in print-newspaper consumption, news companies increasingly rely on digital advertisement revenue and social media for traffic. However, she notes that social media is designed in a way that exacerbates political polarization and the spread of misinformation. Thirdly, at the macro level, the study delves into liberal experts' self-appointed role as indispensable "risk managers." From climate change to financial crises, nuclear proliferation, global terrorism, and cyber warfare, modern society paradoxically grapples with risks it has produced through technological progress. If the negative externalities of liberal policies prove unmanageable or are portrayed as such, experts' credibility falters. Populists, presenting themselves as "risk avoiders" in the face of problems allegedly caused by liberal policies, position themselves as the political solution.

In Jaroslava's narrative, together with crises effecting public health, we are witnessing each stage of Baudrillard's concepts of simulation and simulacrum. According to Jean Baudrillard, simulation is a process that imitates and replaces reality, ultimately overturning reality itself. This concept has been extensively discussed in Baudrillard's work (2011) *Simulacra and Simulation*. He defines simulation in four stages from reality to hyperreality:

Nature: It involves the natural imitation or reproduction of reality, serving as a copy with a reference to reality.

Reproduction: The imitation of reality begins to distort, but there is still a reference point. In this stage, the imitation maintains a relationship with reality.

Simulation: It evolves into an imitation that no longer refers to reality, carrying its own meaning. This stage represents the loss of reality, where the imitation gains its independent significance.

Simulacrum: This is the stage where reality is completely lost, and only the cycle of imitations remains. Here, the imitation takes the place of reality, and there is no longer any connection with reality.

Baudrillard argues that modern society is increasingly surrounded by simulations. Media, communication technologies, and consumer culture distort and alter people's relationships with reality, creating hyperreality. He posits that there is no longer an original reality, and all experiences are filtered and distorted through simulations.

"There is now an operational reality. In fact, this is not the real because it lacks the ideation that envelops it. In a hyper-time devoid of this atmosphere, the reality, resembling combinatorial models, is synthetically produced – also known as hyperreality." (Baudrillard, 2011, p. 15).

Lyotard, this postmodern condition is discussed in terms of information-power relations. The advancements in Information and Communication Technologies (ICT) have facilitated the entry of experts into the production of knowledge, thanks to the speed and ease of researching and transmitting information. However, knowledge has increasingly begun to be produced not in terms of its utility but as a commodity with market value. To the extent that the relationships between economic decision-makers, state decision-makers, individual interests, and authority interests may become problematic.

"Information and knowledge are determined by whom? Who decides what decision is appropriate to make? In the age of information technology, the problem of knowledge becomes, more than ever, an issue of power." (Lyotard, 2013, p. 22)

Online activities of people in Turkey are in the top 10 all over the world (BBC, 2020). Nevertheless, as it is emphasised by Aydıntaşbaş (2022) Turkey's "disinformation" law seeks to criminalize the dissemination of misinformation, as defined by the government, and to regulate content. However, critics express concerns that in the lead-up to the 2023 elections, the new regulations could be employed to suppress opposition campaigns and further constrict the already limited space for public discourse. Moreover, the legislation empowers the government to block platforms such as Twitter or Facebook when it deems necessary, or compel them to share data with authorities. With this controversial new social media law, Turkish authorities now possess the authority to monitor and, if deemed necessary, restrict online free speech. In Tüfekçi's study, the emphasis on power through information

highlights not only censorship but also the alteration and rendering unusable of information.

“Whereas a social movement has to persuade people to act, a government or a powerful group defending the status quo only has to create enough confusion to paralyze people into inaction. The internet’s relatively chaotic nature, with too much information and weak gatekeepers, can asymmetrically empower governments by allowing them to develop new forms of censorship based not on blocking information, but on making available information unusable.” (Tüfekçi, 2017, p. xxix).

From the perspective of power relations, drawing on Castells (2015) or adopting tactics from de Certeau's approach, we observe that people engage in alternative forms of communication and collaboration when facing slowdowns or shutdowns - for instance, transitioning from WhatsApp to Telegram (haber365, 2021)-. Additionally, the intervention of activists well-versed in the system; -see Hacker culture (Eris, 2011)- and individuals resorting to humour -evident in Gezi protest songs, cartoons, and expressions (Tüfekçi, 2017)- during points where direct criticism is censored contribute to the construction of their own discourse and counterpower.

Considering all conditions, what can be done to improve access to better health communication and information environment? Health communication strategies aim in particular to change people's knowledge and behaviours, such as risk perception, strengthening positive behaviours in order to empower individuals to change or improve their health. (Bourse & Yucel, 2022, p. 199). Moreover, “The people have the right and duty to participate individually and collectively in the planning and implementation of their health care” (Alma-Ata, 1978). Therefore, as it is embedded in the socio-ecological model of health, patient advocacy emerges as a critical element for policy making. There are three inclusive principles representing patient advocacy: Representation, mobilization, and empowerment (Sienkiewicz & van Lingen, 2017):

Representation: Representation advocacy is discussed when patients, either individually unable to represent themselves or as a whole patient group selecting a representative, come into play. The global disability movement's slogan "nothing about us without us" has been adopted by many patient organizations. Within this

motto, the principle is emphasized that no health policy, program, or initiative with potential impact on patients should be implemented without patient participation. Patient associations add significant value by allowing patients to "speak as a single voice," thereby enhancing visibility, credibility, and coordinated presence in health and non-health policies and programs at various levels of governance where patient-related issues are addressed. Having a "structured patient community" that can consistently form mutually agreed-upon views and express them as a unified forum is valuable for other stakeholders as well. Other stakeholders can identify a single point of communication for a disease area or a country, avoiding the need to engage with multiple organizations, and receive regular, consistent, and relevant information.

Mobilisation: Mobilization involves engaging people in the activities of patient associations, encouraging their participation, and broadening the rationale for action from a narrow, issue-specific concern to convincing others, including non-patients, of its broader societal or population-wide significance. Mobilizing communities of interest plays a crucial role in promoting inclusivity and, consequently, incentivizing equality. This aligns with the slogan, "A society is only as strong as its weakest link." Reaching a broad audience means tailoring advocacy and policy messages to decision-makers, media (both mass and expert), donors and funders, individual patients, academia, and other potential stakeholders in the general advocacy community. In the current 'post-truth' society where experts are often discredited or mocked, the importance of playing a role as a multiplier of evidence-based policy messages achieved through consensus with a broad patient group becomes increasingly significant.

Advocacy: Advocacy through representation and mobilization enables patients to serve as agents of change in both political and practical discourse. Relevant actions such as information gathering, exchange, creating awareness, and encouraging the involvement of other stakeholders foster a sense of ownership over achieved (or unachieved) outcomes. This is particularly relevant for traditionally marginalized groups, such as patients and disenfranchised communities, in policy and decision-making processes. Empowerment is a multidimensional process that assists individuals in having control over their own lives and enhancing their capacity to take action on matters they deem significant. Through collective empowerment, individuals

and communities can express their needs, articulate concerns, develop strategies to engage in decision-making processes, and undertake political, social, and cultural actions to meet these needs. This encapsulates the empowerment principle of advocacy.

Understanding what a disease means to society and to the individual is crucial in regard to the approach to be chosen for an the individual and to the determination of the treatment strategy. In the studies, the cultural factors affecting health perception are established as economic situation, family structure, gender roles, marriage styles, sexual behaviours, preventive patterns, population policy, pregnancy and birth practices, changes in body image, nutrition, dressing, personal hygiene, housing arrangements, health care regulations, occupations, religion, habits, immigrant status, substance use, leisure habits (Kaplan, 2010; Kumbasar, 2012). In this regard, all factors should be evaluated together in message design for the target audience as it was also shown in My Eye Model as crucial elements in a mother's decision-making.

Embracing differences instead of insisting on universal values might be much more effective for today's communication solutions. Lyotard (Woodward, 2023) explores paganism as a philosophy embracing irreducible differences and opposing universalism. Instead, he advocates for specific, plural judgments in areas like truth and politics. Paganism, analogous to religions with multiple gods, signifies Lyotard's commitment to pluralism and multiplicity. Thus, it involves judging without pre-existing criteria and creating specific criteria through an affirmative act of the imaginative will. Lyotard emphasizes a plurality of criteria and judgments, rejecting the idea of a universal discourse and defining paganism as a philosophy respecting individual rules of judgment. This definition brings an important perspective to individuals' search for health information on the internet, allowing people to find healing through different methods based on their beliefs and cultural background. For example, if someone wants to lose weight, they can choose a suitable diet program, engage in exercise, undergo liposuction, have a stomach reduction surgery, and many more. Indeed, the result will be the same; the patient will gravitate towards the method they find suitable for themselves. In this sense, even science is now like pagan knowledge; it is not based on a single truth, and it is too complex to be solved with a single solution.

Mass media now appear not only as means of representation, but also as authorities that contribute to social debates (Maigret, 2014, p. 317). It is critical for health communicators to be familiar with the terms empowerment and advocacy as social mobilizers (Malikhao, 2020). Human-computer interaction with every kind of literacy levels and in abilities to respond to health challenges should be also considered. Bringing them altogether, creating a new definition of health that is inclusive and applicable to a broader range of individuals throughout different stages of life will provide older adults or people looking for advices to remain a healthy life with the opportunity to maintain their well-being as well. It is crucial to reconsider and refine our understanding of health to incorporate the importance of early and effective disease management. Emphasizing the management of diseases, rather than solely focusing on their absence, serves as a pathway to achieving a healthy and fulfilling life. (Kiernan & Karlawish, 2019).

In this thesis, we examined mothers' experiences and feedback on searching for information about their babies' health on the internet. Shirky, in a broader context, emphasizes the importance of feedback for today's audience, describing the prominent characteristics of the audience as follows (Shirky, 2018):

Active Audience: Shirky argues that there is no longer a passive audience that mindlessly consumes media. Instead, he believes audiences have become more active, engaging with content through various means like sharing, commenting, and interacting.

Impact of Technology: Shirky attributes this shifts to the explosion of technology, which has made audiences expect interaction and participation. The rise of digital platforms and the decline in traditional newspaper and magazine circulation are seen as examples of this trend.

Digital Distribution: The preference for digital distribution is explained by the audience's desire for interactive options and engagement.

Audience Feedback: Shirky emphasizes that audiences now want to speak back to producers. Social media platforms like Twitter, Instagram, and Snapchat allow direct interaction between audiences and content creators, giving audiences a voice and potentially reducing the hierarchical gap between producers and consumers.

Equality of Power: Technology has contributed to a more equal distribution of power, challenging traditional hierarchies where producers held more authority. Audiences now have the ability to communicate their preferences directly to content creators.

As seen, whether in website or platform design, or in creating online content, it is necessary to design by considering these audience characteristics.

Vemula ve Gavaravarapu (2016) provides a definition of eHealth as the utilization of Information and Communication Technologies (ICTs) to aid health and health-related domains, encompassing healthcare services, health surveillance, health literature, health education, and research. Several perspectives assert that electronic media and ICTs possess the capability to support both education and the health sector, enhance local capacity, and facilitate knowledge sharing and networking. The communication that individuals carry out on various platforms around health allows people to come together in the simplest way, regardless of social class, and to share their healthy life demands by trusting each other, while providing significant opportunities for the spread of health literacy (Karbay, 2016). Dissertations by Karagoz (2016) and Sari (2016) confirmed that the internet serves as a valuable platform for health workers and NGOs to disseminate information about public health. However, this potential is not fully realized in Turkey.

What is seen about health communication in the literature is how to emphose social health policies to people, how to convince them to canalise expected behaviour. Despite this one is also a health communication study, it consists of individuals make the best decission for themselves or their proxies through empowering effect of the internet with a patient-rights based aproach. Because the internet has a potential to provide a democratic medium when people endevadour to find the best health idea or information that will fit their own health through finding multidimensional information, discussions, peers, experiences. In this regard, the internet can make real the promisses in the Decleration of Alma-Ata. The decleration highlights that health, defined as a state of complete physical, mental, and social well-being rather than just the absence of disease or infirmity, is a fundamental human right initially. It underscores that achieving the highest possible level of health is a crucial global

objective, necessitating coordinated efforts across various social and economic sectors, beyond the health sector alone (Alma-Ata, 1978).

The Internet constructs a utopia shared by anyone who dreams of establishing a "universal village" based on extraordinary powers, initially in Siberia, and built on freedom, immediacy, and limitless brotherhood with the help of a new technology (Maigret, 2014, p. 328). Digital health applications, especially those aiming to create health behaviour by developing personal skills through health education, can provide various mobile solutions in health and related sectors based on various social behaviour theories. These applications range from self-monitoring to the management of chronic diseases, gaining health behaviours to stay healthy without being sick (such as healthy eating and physical activity). When these technologies are used with correct design and communication strategies, they can be effective, particularly in creating behaviour change and ensuring the sustainability of behaviour. (Öney Doğanyigit, 2014).

Nonetheless, one should not reduce the fate of individuals or policymakers solely to technology. As discussed throughout the thesis, health is dependent on a holistic environment, health regulations, the enhancement of individuals' health literacy capacities, and the assertion of their democratic rights, an understanding from a socio-ecological perspective. Because of that, it cannot be reduced solely to doctors, to individuals, and especially to the internet. The Internet is an extraordinary tool for the disclosure and storage of data to everyone, but it has no superior virtue to explain the emergence of a new universal thought. Ultimately, it is nothing more than a medium (Maigret, 2014, pp. 32-36).

Otherwise, as Marcuse emphasises technologic rationality in his book "One-Dimensional Man," based directly on compliant efficiency, a rationality guided by technology loses its critical power and is compelled to transform into a submissive and conformist structure. As a result of such rationality, reason loses its autonomy; the thoughts, actions, and emotions of individuals become instrumentalized according to the technical requirements of the tools they have created (Marcuse 1998: 146).

Individual autonomy is defined in Encyclopedia of Quality of Life and Well-Being Research (Legate & Ryan, 2014) as follows:

“Autonomy is a complex construct that concerns the regulation of behaviour by the self, or the authorship of one’s behaviour, as opposed to behaviour being controlled by forces perceived as outside the self. When individuals are autonomous, their behaviour is self-organized and self-endorsed, and their actions are experienced as fully voluntary and authentic. The opposite of autonomy is feeling pressured, coerced, or compelled to act by forces or pressures perceived as external to the self.”

The simultaneous “inventions” of patient education and patient autonomy in contemporary biomedicine may seem at first glance contradictory, since on the one hand the doctor may wish to apply the principle of beneficence and teach the patient how to benefit from the medical progress evaluated in the framework of evidence based medicine, and on the other hand has to respect the patient’s autonomy (Reach, 2014, p. 22).

In Varelius' study (2006), the concept of patient autonomy is discussed in terms of medicine and philosophy, arguing that it cannot be universally accepted in the doctor-patient relationship. Varelius asserts that defending every autonomy undermines the essence of the autonomy concept by providing examples of situations where individuals may know better about themselves and aspects that can improve their lives. In emphasizing this point, it is highlighted that not every individual can be equally autonomous, and sometimes individuals may stick to their autonomous decisions despite acknowledging that other opinions might be better. Additionally, it is acknowledged that individuals may be inadequate in making autonomous decisions, and allowing someone else to make a decision on behalf of the individual can also be an autonomous choice.

Therefore, it is important to underline what we mean by the concept of autonomy in our study. This study, as a media and communication thesis, aims to observe a problem in health communication and seek solutions to communication-related issues. Exploring doctor-patient communication, cultural influences, global markets, and the pharmaceutical industry among other components, the study investigates how

individuals make decisions amidst societal problems, and intends to provide communication solutions.

In summary, the study defends the autonomy of individuals who care about their health and the health of their loved ones in their daily life practices, considering the conflicting information encountered due to the medicalization and commercialization of everyday life. The study attempts to analyse the existing grounded situation and proposes recommendations and explanations. Based on the belief that effective communication is not possible without understanding a culture, we attempted to make visible the struggles of mothers in making health decisions for their babies. This is a new patient culture that we cannot even call them as patients anymore. Briefly it is emphasised that, these mothers are tailoring health information through the Internet for the best fit of their babies among contradictory health advices, environmental conditions and power relations.

P.S. It is not a replacement for doctor advice⁶.

Study Limitations and Suggestions for Future Studies

During this period, which lasted for 6 years, significant data was collected about the studied subject and field. For instance, the page we mentioned earlier, which vaccine-related debates were discussed, was removed without any notice. With people being confined to their homes during the pandemic, individuals had to rely more on seeking information from health experts and interacting online. This provided an opportunity to engage with these individuals. One mother, whom we interviewed after the birth of her first baby, had her second childbirth approximately 3 years later, allowing us to conduct a follow-up interview based on changes in her motherhood practices.

Throughout the study, thousands of messages in Facebook groups were examined as part of participant observation, and an analysis was conducted on a

⁶ This is a medical disclaimer serves as a declaration that the information provided on the website is solely intended for informational or educational purposes, and it does not replace professional medical advice or consultations with healthcare professionals; users are cautioned that reliance on or utilization of the information is at their own risk, aiming to mitigate legal liabilities in the event that the content leads to direct or indirect harm to readers (Xu, 2020).

sample of 5723 messages selected from the groups. No specific software was used during these processes. We wanted to examine not only the content categories of the messages but also their semantic contexts and spaces, considering the content creation perspectives of users. As a follow-up to this study, the message strategies employed by non-professional content creators providing health information on Instagram or Facebook and the comments they receive, which represent the process of making health decisions, could be investigated.

In our study, mothers struggled to carry a small notebook and take notes, although we could have obtained much deeper and more comprehensive information. In this sense, researchers adopting such a method are advised to make use of electronic diaries that individuals can easily carry, provide the possibility to start with different media types such as voice and photos, and make small reminders throughout the diary-keeping process without disrupting interaction.

To analyse the practices of researching health information, scenarios can be created for the desired topic, and user experience studies can be conducted. This will enable a closer observation of pain points related to the topic. And also, differences in decision-making between mothers with healthy babies and those with infants facing chronic illnesses can be examined. In this regard, exploring how the internet is utilized would provide an additional perspective to the study.

Direct treatment and lifestyle recommendation articles reflect the understanding of patients/consumers in newspapers. The place of advertorials, as the last category, also illustrates the connection between newspaper health pages and advertorials. In health news, the use of scientists/doctors as news sources has been observed to be 29% in 935 news articles within a two-month period. This rate indicates a shift in the medical perspective in Turkey from a medical authority model to a patient/consumer model. It is noteworthy that the rate of referral to experts/doctors in news, articles, and columns has significantly decreased (Çamuroğlu Çığ, 2012). In this study, mothers give importance to medical information published to find their own way. In the media, having healthcare professionals who can present different approaches together seems to attract readers. In this regard the opinions of doctors who share health information online, including their expectations from seeking health information on the internet,

could be examined in a follow-up study. This would further discuss their expectations regarding health information online.

Furthermore, group discussions on topics that are almost taboo, such as vaccination, circumcision, and child sexuality, can be examined. This would provide insights into how individuals ultimately make decisions on these matters. Of course, at this point, it is essential to consider that members who join these groups initially open themselves up to these discussions. The decision of individuals to engage in such discussions is generally linked to a series of motivations and reasons. At this point, understanding the dynamics behind individuals opening themselves up to discussions on such topics becomes crucial. While some of these factors can be explained by individuals' hunger for and curiosity about knowledge, deeper motivations may also be at play, such as triggering curiosity due to allergic discomfort or pressures necessitating decisions within a cultural or religious context.

CONCLUSIONS

This research aims to investigate the challenges, opportunities, and consequences associated with mothers' online health information-seeking behaviour and decision-making processes regarding their infants. The primary research question revolves around understanding how mothers shape their decision-making by incorporating online health information, considering challenges, opportunities, and implications. The study explores challenges mothers face in seeking health-related support online, examines how the internet contributes to fulfilling expectations of a "good child doctor," investigates how mothers determine suitable information for their babies with the internet's role, assesses mothers' perceptions of the internet as a health information source, and explores recommendations for a better online health information environment. Grounded Theory methods were employed due to the absence of a single overarching theory, examining the subject from different perspectives. Data collection involved Facebook group analysis, diaries, and in-depth interviews to triangulate insights into the intricate dynamics of maternal decision-making in the context of online health information for infants under one year old.

The research did not follow a conventional thesis structure of introduction, literature review, methodology, findings. Instead, as interviews progressed, narratives and concepts that could explain the phenomenon were developed, considering the lived conditions of the mothers. Thus, the research questions guided the initial approach, and theoretical foundations were established as the study progressed.

Upon reviewing the literature:

1. Current models explain how to motivate health behaviours but fail to anticipate reactions and how individuals find solutions.

2. Previous answers did not adequately explain the decision-making processes of mothers through online health information seeking and how they adopt and adapt this information for their babies.
3. While numerous studies focused on mothers with children suffering from illnesses, limited attention was given to healthy kids' mothers making daily health decisions, believing these decisions impact their baby's health.
4. Particularly in the Turkish context, there was no thesis on health communication that evaluated the process of making health decisions through online health information, combining it with user perceptions and experiences.
5. A study in Turkey would serve as an example of maternal practices, observing decision-making processes from a different cultural perspective and developing health communication strategies tailored to these women's information needs.

In this regard, the thesis is considered to provide a contribution that fills these gaps. Because, *“Narrating is a central feature of communication between providers and patients, in the relationships enacted in health organizations, and in the mediated world of health-related persuasion, information, and entertainment.”* (Harter, Japp, & Beck, 2005).

To address the research questions of the study, we initially examined the contemporary meaning of health. As a result, we found that while there is industrialization and a quest for standards in the understanding of health, there are variations in the manifestation of health in everyday life, both from the perspective of health professionals and individual practices. We described how these differences are rooted in economic, cultural, and individual variations.

It can be argued that the understanding where modern medical practices are elevated and alternative methods are belittled as the "old wives' method" is not directly accepted in the new patient culture. Individuals tend to turn to treatment methods designed for their own lifestyles, which are suitable for them, rather than conforming to the elevated standards of modern medical practices. In this thesis, it has been emphasized that mothers, through both observation and research and testing methods, constantly monitor the health of their babies. They tend to prefer the most sustainable and natural methods that they believe are suitable for their infants. It should be noted

that these methods, as perceived by mothers, cannot be strictly categorized as traditional or modern; instead, mothers strive to reach the most natural and efficient solution they believe will meet their baby's needs.

We cannot homogenize women's responses to scientific advice and the demand that they heed the directions of their physician. Only by understanding the specificities of their lived conditions can we see the complexities of the decisions they made. As cultural theorists remind us, there is a concrete politics of reception, one that is an essential determinant in how messages from experts are received and used. As we observe once more in this study, mothers' decisions about child care were highly personal, shaped by a woman's experiences, beliefs, values, and situations.

Under these conditions, it is observed that the health information search practices of mothers themselves indicate a new cultural habitus. Mothers who are part of this new culture, seeking health information and trying to make their own decisions, are aware that global risks shape information as a power element in line with interests. They recognize that there can be differences among products, services, and applications, and that these should not be accepted as universally valid truths. While living in environments where everything is safe, hygienic, and readily packaged, on the other hand, they find themselves in the midst of risks such as war, earthquakes, epidemic diseases, medical side effects, preservatives, colourings, additives in food and products, and they are anxious. Additionally, they have the ability to shape their work and living conditions according to their choices. For example, they can leave their jobs to take care of their babies, allocate more money for organic food, and change their choice of doctors. They research even taboo subjects and make their own decisions. In the midst of all these cognitive and vital practices, the internet provides support to adapt the necessary information to their lives. They talk about what is not discussed in mainstream media, and they investigate the functionality of theoretical knowledge in their practical lives. In the midst of all these contradictions, these mothers combine the power of information with their observational abilities to achieve autonomy. They do not want to be a helpless patient, a girl who listens to her elders, or a citizen who can be controlled by authoritarian power.

In this study, we visualized mothers' decision-making processes using the My Eye model. Based on this information, it is evident that decision-making processes of different subjectivities can be modelled for each situation. Individual differences, cultural codes of the time when the issue is addressed, how individuals perceive the issue they decide on, and the tools they have in their hands and minds for analysis will shape the decision-making process accordingly. In our example, the majority of decision-makers are millennial mothers. According to these mothers, the child's primary doctor and decision-maker are the mothers themselves. In this sense, mothers' efforts to make their own health decisions through searching for health information on the internet reveal a new culture in which women display their own status and intellectual skills and also indicating new framework of doctor-consultee-patient-relationship.

Badinter (2011, p. 21), while describing the phenomenon of motherhood in our era through historical irony and concepts like voluntary servitude, also acknowledges that motherhood can be a form of women's rebellion; *“In a civilization where the principle of "Me First" has become a norm, motherhood is a challenge, even a contradiction”*. By researching mothers' struggles in making decisions about their babies based on online health information, we interpreted this as a challenge to conflicting information and practices intertwined with healthy and unhealthy contexts. Thus, we discussed what needs to be done to create a better health communication environment.

- Information on the internet should be presented in a manner that allows access for individuals with various levels of health literacy and those with physical disabilities.
- Information should be transparent and accessible to the public; directing and convincing individuals through censorship, intimidation, and marginalization is a form of exploitation.
- The Central Doctor Appointment System can include doctors' specific areas of expertise and private practices to facilitate individuals in choosing their healthcare providers.
- Health professionals and policymakers should clearly demonstrate their work on regulations that focus on protecting people rather than commercial interests.

For example, the reduction of fat content in ready-made yogurt should not be legitimized...

- Health communication experts and policymakers should craft policies by considering the needs of individuals, not just by imposing rules from above.
- The most important thing in this power relations within health context is individuals should advocate for their civil rights and freedoms with their education, reading-curiosity-research habits, and continue to spread what they have learned in terms of health advocacy. Indeed, symptoms of an unhealthy society will begin to be transmitted in everyone and vice versa.



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Appendix - A

Declaration of Alma-Ata

International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following

Declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace. **IV** The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

VI

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals

and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of selfreliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

VII

Primary health care:

1. reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
2. addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
3. includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
4. involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
5. requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;
6. should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;
7. relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional

practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

IX

All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

X

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.

The International Conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, nongovernmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of this Declaration.

PERMANENT SELECT
COMMITTEE ON INTELLIGENCE
CHAIRMAN
COMMITTEE ON APPROPRIATIONS
EX-OFFICIO MEMBER



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Appendix - B

February 14, 2019

Mark Zuckerberg
Chairman and Chief Executive Officer
Facebook Inc.
1 Hacker Way
Menlo Park, CA 94025

Dear, Mr. Zuckerberg:

As more Americans use the Internet and social media platforms as their primary source of information, it is important that we explore the quality of the information that they receive, particularly on issues that directly impact the health and well-being of Americans, as well as the billions who use your site around the world. Accordingly, I am writing out of my concern that Facebook and Instagram are surfacing and recommending messages that discourage parents from vaccinating their children, a direct threat to public health, and reversing progress made in tackling vaccine-preventable diseases.

The scientific and medical communities are in overwhelming consensus that vaccines are both effective and safe. There is no evidence to suggest that vaccines cause life-threatening or disabling diseases, and the dissemination of unfounded and debunked theories about the dangers of vaccinations pose a great risk to public health. In fact, the World Health Organization listed vaccine hesitancy – the reluctance or refusal to vaccinate despite the availability of vaccines – as one of the top threats to global health in 2019. In a dramatic demonstration of the dangers, Washington state declared a public health emergency due to a measles epidemic in Clark County, signaling the resurgence of a potentially fatal disease that was effectively eliminated from the United States decades ago by vaccines.

There is strong evidence to suggest that at least part of the source of this trend is the degree to which medically inaccurate information about vaccines surface on the websites where many Americans get their information, among them Facebook and Instagram. As I have discussed with you in other contexts, and as you have acknowledged, the algorithms which power these services are not designed to distinguish quality information from misinformation or misleading information, and the consequences of that are particularly troubling for public health issues. I acknowledge that it may not always be a simple matter to determine when information is medically accurate, nor do we ask that your platform engage in the practice of medicine, but if a concerned parent consistently sees information in their Newsfeed that casts doubt on the safety or efficacy of vaccines, it could cause them to disregard the advice of their children's physicians and public health experts and decline to follow the recommended vaccination schedule. Repetition of information, even if false, can often be mistaken for accuracy, and exposure to anti-vaccine content via social media may negatively shape user attitudes towards vaccination.

Additionally, even parents and guardians who seek out accurate information about vaccines could unwittingly reach pages and videos with misinformation. A report by the Guardian^[1] found that on both Facebook and YouTube, suggested searches related to vaccines often led users to pages or groups

[1] <https://www.theguardian.com/media/2019/feb/01/facebook-youtube-anti-vaccination-misinformation-social-media>

providing medically and scientifically inaccurate information. Finally, I am concerned by the report that Facebook accepts paid advertising that contains deliberate misinformation about vaccines.

As a Member of Congress who is deeply concerned about declining vaccination rates around the nation, I am requesting additional information on the steps that you currently take to provide medically accurate information on vaccinations to your users, and to encourage you to consider additional steps you can take to address this growing problem. I was pleased to see YouTube's recent announcement that it will no longer recommend videos that violate its community guidelines, such as conspiracy theories or medically inaccurate videos, and encourage further action to be taken related to vaccine misinformation.

Specifically, I request that you provide answers on the following questions:

- Does content which provides medically inaccurate information about vaccines violate your terms of service?
- What action(s) do you currently take to address misinformation related to vaccines on your platforms? Are you considering or taking additional actions?
- Do you accept paid advertising from anti-vaccine activists and groups on your platforms? How much has been spent in the past year on advertising on this topic?
- What steps do you currently take to prevent anti-vaccine videos or information from being recommended to users, either algorithmically or as a suggested search result?

I appreciate your timely response to these questions and encourage you to consider what additional steps you can take to address this growing problem. As more Americans rely on your services as their primary source of information, it is vital that you take that responsibility with the seriousness it requires, and nowhere more so than in matters of public health and children's health. Thank you for your attention to this important topic.

Sincerely,



Adam B. Schiff
Member of Congress

TEZ ONAY SAYFASI

Üniversite : T.C. GALATASARAY ÜNİVERSİTESİ
Enstitü : SOSYAL BİLİMLER ENSTİTÜSÜ
Hazırlayanın Adı Soyadı : Edibe Betül Karbay Çilli
Tez Başlığı : The role of the Internet on antinomy and autonomy:
Mothers making health decisions for their babies
represent a new patient culture
Savunma Tarihi : 30 / 01 / 2024
Danışman : Dr. Öğr. Üyesi Michel Bourse

JÜRİ ÜYELERİ:

Unvan, Ad-Soyadı

İmza

Dr. Öğr. Üyesi Michel Bourse

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