Original Article

# Scabies on YouTube: The Quality, Accuracy, and Reliability of the Videos

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## Abstract

**Aim:** Scabies is a contagious skin disease characterized by itching and rashes, caused by a mite known as *Sarcoptes scabiei* var. hominis. Video sharing platforms like YouTube serve as valuable resources for individuals seeking to learn about diseases and their treatments. However, the quality of these videos can vary significantly. Videos that present misleading or incomplete information may misinform viewers and result in inappropriate treatments. Therefore, in the present study, we examined the quality and reliability of information in videos about scabies, which has seen a rise in prevalence in recent years, making it significant for both individual and public health.

**Materials and Methods:** A YouTube search was conducted in June 2024 using the keywords "scabies" and "scabies treatment." A total of 105 videos were analyzed. Factors such as the source, availability, and duration of the videos, as well as the number of views, likes, dislikes, and comments, were recorded. The broadcasters were categorized as healthcare professionals (including medical doctors, dentists, and pharmacists), healthcare institutions (hospitals and universities), news channels (national TV networks), healthcare websites, and independent individuals. Modified DISCERN, Global Quality Scale (GQS), and the Journal of the American Medical Association (JAMA) scales were utilized to assess the quality, accuracy, and reliability of the videos. Overall intergroup data analyses were carried out.

**Results:** The comparison of the video sources revealed that videos published by independent individuals or institutions garnered more views compared to other sources ($P < 0.05$). Videos published by independent individuals and institutions received significantly more likes, dislikes, and comments in comparison to the other sources ($P < 0.05$). Health institutions and healthcare websites garnered fewer comments. There was no significant difference among the sources based on video length ($P > 0.05$). The modified DISCERN, GQS, and JAMA scores of the videos uploaded by healthcare professionals were higher ($P < 0.05$).

**Conclusion:** Although the quality of scabies content on YouTube varied, information from independent content providers was generally less reliable compared to professional sources, making it harder for individuals seeking health information to access accurate details and increasing the risk of misinformation. It is vital for both individual and public health that health professionals take a more active role on social media platforms like YouTube, and produce reliable, high-quality content.

**Keywords:** YouTube, social media, scabies, reliability, quality

## Introduction

Scabies is a contagious skin disease caused by a mite known as *Sarcoptes scabiei* var. hominis. The parasite burrows into the skin, resulting in severe itching and rashes. If left untreated, it can lead to various complications. Scabies is a prevalent dermatological condition and public health concern that affects millions worldwide.[1,2]

Digital media is a common means of accessing healthcare information. Video sharing platforms such as YouTube are

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important resources for individuals who seek information about diseases and treatments.[3] However, the quality and accuracy of the content on these platforms could vary. Videos that contain misleading or incomplete information can misinform viewers and result in inaccurate treatments.[4] Analyzing the quality of information in these videos is critical for public health, improving access to accurate information, and reducing the impact of misleading information.[3,4]

Previous studies have reported that health videos on YouTube often include misleading, incomplete, or unscientific information, potentially leading to misconceptions and harmful self-care practices.[3] Therefore, it is crucial to assess the quality of videos published on diseases like scabies, as mismanagement could result in prolonged illness and increased contagion.

Thus, the present study aimed to analyze the information quality, accuracy, and reliability of videos published on YouTube about scabies as its prevalence has increased in recent years. The study also aimed to determine the potential effects of these videos on society and offer recommendations for health professionals and content producers.

## Materials and Methods

On June 21, 2024, a YouTube search was conducted using the keywords "scabies" and "scabies treatment". The "incognito" mode in Google Chrome (Google Inc., CA, USA) was utilized for browsing YouTube. The browsing history was deleted prior to the search to prevent previous online activities from impacting the search results. Advertising, music videos, videos without audio, videos in languages other than Turkish, and duplicate videos were excluded from the study. A total of 105 selected videos were reviewed by three experts in dermatology and venereal diseases, (N.G.G., Z.U., V.E.). The average scores of the three dermatologists who evaluated the videos were calculated. The source, age, and duration of the videos, as well as the number of views, likes, dislikes, and comments, were documented. The video sources were categorized as healthcare professionals (medical doctors, dentists, pharmacists), healthcare institutions (hospitals, universities), news channels (national TV channels), healthcare websites, and independent individuals.

The reliability of the videos was assessed using the modified DISCERN scale. The DISCERN score evaluates the accuracy and reliability of medical information presented in a video. For each item on the scale, the score ranges from 1 to 5, with a higher score indicating greater reliability.[5] The Global Quality Scale (GQS) and the Journal of the American Medical Association (JAMA) scales were utilized to assess video quality. The GQS is used to evaluate how positive the video content is for the general perception and audience. The GQS is a five-point Likert-type scale that evaluates the overall educational quality of a video from the viewer's perspective, and a higher score on the scale indicates better quality.[6] JAMA is a 4-point Likert scale that assesses quality based on authorship, ethics, citations, explanation, and validity criteria. The scale score reflects the medical accuracy and ethical transparency of the video (Table 1).[7]

Video popularity was calculated using a formula that included the video power index (VPI), "like rate": [(likes × 100)/(likes + dislikes)], and "view rate": (daily views); VPI = [(like rate * view rate)/100].[8] YouTube has hidden the dislike count in 2022.[9] However, the dislike count was collected using other software.

### Statistical analysis

Descriptive statistics for qualitative study variables are presented as counts and percentages, while descriptive statistics for quantitative variables are displayed as means, standard deviations (SD), medians, and the 1st and 3rd quartiles. The normal distribution of the quantitative variables was assessed using the Shapiro-Wilk test. The Kruskal-Wallis test was employed to compare the means of more than two independent groups. The Dunn test was used as the post-hoc method for pairwise comparisons. Spearman correlation analysis was performed to assess the correlations between quantitative variables. A statistical significance level of 0.05 was established, and the analyses were conducted using SPSS (version 28) software.

## Results

The study analyzed YouTube videos about scabies using various metrics. A total of 105 videos were examined, and their relationships with quality assessment criteria-such as video views, likes, and dislikes, comments, and video duration-were evaluated using DISCERN, GQS, JAMA, and VPI. Furthermore, videos were categorized into five groups based on their source: healthcare professionals (group 1), healthcare institutions (group 2), news channels (group 3), healthcare websites (group 4), and independent individuals or institutions (group 5).

### General Analysis of the Videos

**Views:** The average view count was 87166.23, and the SD of this figure was notably high (161920.388) (Table 2). The lowest 25% (Q1) had 2,346.50 views, the median was 652.00 views, and the 75% (Q3) was 015.00 views. The comparison of video sources showed that videos published by independent individuals or institutions received more views compared to others ($P < 0.05$).

**Likes and dislikes:** The average number of likes was 835.37, and the median number of likes was 89.00. Videos published by independent individuals and institutions received significantly more likes compared to videos by other sources ($P < 0.05$). The videos published by independent individuals or institutions also received significantly higher dislikes compared to others ($P < 0.05$).

**Comments:** The average number of comments was 289.49, while the median number was 33.00. It was found that videos published by independent individuals or institutions garnered more comments ($P < 0.05$). Posts from health institutions and websites received fewer comments.

**Video length:** The average duration of the videos was 7.22 minutes, and the median duration was 4.00 minutes. There is no significant difference in the duration of the videos posted by different sources ($P > 0.05$).

## Video Quality

**DISCERN score:** The modified DISCERN score for the videos posted by healthcare professionals and organizations was significantly higher ($P < 0.05$).

**GQS:** There were differences in GQS scores based on source, with videos posted by independent individuals receiving lower scores ($P < 0.05$).

**JAMA score:** The JAMA scores of videos uploaded by healthcare professionals were higher ($P < 0.05$) (Table 3).

**Table 1. Description of the scores used in the assessment**

| Description of the scores used in the assessment |
|---|
| Modified DISCERN tool (1 point for every "yes," 0 points for "no") |
| 1. Is the aim of the video clear and understandable?<br>2. Are reliable sources of information used? (i.e., publication cited, speaker is rheumatologist).<br>3. Is the information presented balanced and unbiased?<br>4. Are additional sources of information listed for patient reference?<br>5. Are areas of controversy/uncertainty mentioned? |
| GQS (select the appropriate one) |
| 1. Poor quality, poor flow of the video, most information missing, not useful for patients.<br>2. Generally poor quality, poor flow, some information given but many important topics missing, of very limited use to patients.<br>3. Moderate quality, suboptimal flow, some information is adequately discussed but other information inadequately discussed, somewhat useful for patients.<br>4. Good quality, good flow, most of the relevant information is listed, but some topics not covered, useful for patients.<br>5. Excellent quality and flow, very useful for patients. |
| The JAMA criteria (each of the criteria was rated as 1 point) |
| 1. Authorship: Author and contributor credentials and their affiliations should be provided.<br>2. Attribution: References and resources for all content should be listed clearly, and all relevant copyright information noted.<br>3. Disclosure: Website "ownership" should be prominently and fully disclosed, as should any sponsorship, advertising, underwriting, commercial funding arrangements or support, or potential conflicts of interest.<br>4. Currency: Dates of uploaded content and subsequent updates should be provided |
| GQS: Global Quality Scale, JAMA: The Journal of the American Medical Association |

**Table 2. Basic data of analyzed videos**

| | | | Percentiles | | |
|---|---|---|---|---|---|
| | Mean | SD | Q1 | Median | Q3 |
| Days on Youtube | 727.77 | 553.881 | 305.00 | 524.00 | 965.50 |
| Number of views | 87166.23 | 161920.388 | 2346.50 | 17652.00 | 93015.00 |
| Number of like | 835.37 | 2652.399 | 17.00 | 89.00 | 415.00 |
| Number of dislike | 30.09 | 74.316 | 0.00 | 0.00 | 8.50 |
| Number of comment | 289.49 | 564.461 | 1.00 | 33.00 | 292.00 |
| Duration (minutes) | 7.22 | 9.724 | 2.00 | 4.00 | 8.50 |
| Modified DISCERN score | 3.32 | 1.091 | 3.00 | 3.00 | 4.00 |
| GQS score | 3.27 | 1.043 | 3.00 | 3.00 | 4.00 |
| JAMA score | 1.59 | 0.698 | 1.00 | 1.00 | 2.00 |
| VPI score | 132.57836 | 223.508542 | 4.23250 | 33.60500 | 137.42750 |
| Like rate | 97.8483 | 3.32390 | 96.7250 | 100.0000 | 100.0000 |
| Viewing rate | 136.57802 | 229.696973 | 4.23250 | 33.60500 | 146.54000 |

GQS: Global Quality Scale, JAMA: The Journal of the American Medical Association, VPI: Video power index, SD: Standard deviation

**Table 3. Comparison of video metrics, popularity, reliability and quality scores by video sources**

| | Video sources* | Mean | SD | *P* |
|---|---|---|---|---|
| Days on YouTube | 1 | 755.00 | 497.968 | 0.319 |
| | 2 | 648.82 | 570.639 | |
| | 3 | 765.09 | 553.060 | |
| | 4 | 558.06 | 439.236 | |
| | 5 | 913.53 | 738.133 | |
| Number of views | 1 | 99718.52 | 174390.269 | 0.002 |
| | 2 | 57537.71 | 149923.679 | |
| | 3 | 95802.73 | 117861.566 | |
| | 4 | 23524.89 | 57911.212 | |
| | 5 | 160180.20 | 251838.643 | |
| Number of like | 1 | 919.48 | 1646.832 | 0.010 |
| | 2 | 256.06 | 814.740 | |
| | 3 | 468.41 | 724.361 | |
| | 4 | 247.72 | 638.816 | |
| | 5 | 2572.67 | 6202.797 | |
| Number of dislike | 1 | 35.69 | 74.943 | 0.012 |
| | 2 | 16.29 | 63.090 | |
| | 3 | 16.86 | 28.451 | |
| | 4 | 7.89 | 22.082 | |
| | 5 | 80.93 | 133.741 | |
| Number of comment | 1 | 369.59 | 593.258 | < 0.001 |
| | 2 | 97.94 | 358.551 | |
| | 3 | 267.45 | 325.115 | |
| | 4 | 66.22 | 176.263 | |
| | 5 | 651.93 | 982.486 | |
| Duration (minutes) | 1 | 6.34 | 6.096 | 0.212 |
| | 2 | 4.94 | 5.285 | |
| | 3 | 5.14 | 3.427 | |
| | 4 | 12.06 | 18.901 | |
| | 5 | 8.73 | 8.396 | |
| Modified DISCERN score | 1 | 4.10 | 0.724 | < 0.001 |
| | 2 | 3.29 | 0.849 | |
| | 3 | 3.23 | 0.922 | |
| | 4 | 3.41 | 0.870 | |
| | 5 | 1.87 | 0.915 | |
| GQS score | 1 | 3.93 | 0.799 | < 0.001 |
| | 2 | 3.18 | 0.728 | |
| | 3 | 3.32 | 0.894 | |
| | 4 | 3.29 | 1,105 | |
| | 5 | 2.00 | 0.756 | |
| JAMA score | 1 | 2.14 | 0.639 | < 0.001 |
| | 2 | 1.29 | 0.470 | |
| | 3 | 1.55 | 0.739 | |
| | 4 | 1.47 | 0.624 | |
| | 5 | 1.07 | 0.258 | |
| VPI score | 1 | 142.00259 | 232.113110 | 0.009 |
| | 2 | 83.39882 | 149.613497 | |
| | 3 | 160.48455 | 231.979953 | |
| | 4 | 89.58365 | 230.006815 | |
| | 5 | 177.89327 | 264.487520 | |
| Like rate | 1 | 97.9576 | 3.46012 | 0.030 |
| | 2 | 98.7082 | 2.64170 | |
| | 3 | 97.0964 | 3.69457 | |
| | 4 | 98.8359 | 2.31412 | |
| | 5 | 96.6460 | 3.88171 | |
| Viewing rate | 1 | 146.43345 | 239.646270 | 0.008 |
| | 2 | 86.07647 | 156.247841 | |
| | 3 | 164.57227 | 236.596469 | |
| | 4 | 92.44659 | 237.964387 | |
| | 5 | 183.71667 | 269.022424 | |

*Healthcare professionals: 1, healthcare organizations: 2, news channel: 3, health-related websites: 4, independent users: 5, GQS: Global Quality Scale, JAMA: The Journal of the American Medical Association, VPI: Video power index, SD: Standard deviation

## Video Popularity Based on the Source

**VPI:** The popularity index of videos published by independent individuals and institutions was higher compared to other sources ($P < 0.05$).

**Likes and views:** The mean like count was 97.8483, while the mean view count was 136.57802. Videos posted by independent individuals or institutions, received more views compared to other sources ($P < 0.05$).

## Analysis of the Videos Based on the Source

**Healthcare workers (group 1):** Videos posted by this group were generally high quality, but they were viewed and liked less, however, their DISCERN, GQS, and JAMA scores were the highest.

**Healthcare institutions (group 2):** Videos shared by healthcare institutions had high quality, but they lagged behind those uploaded by independent individuals in terms of audience engagement and interaction (likes, comments).

**News channels (group 3):** Videos posted by news channels received more views compared to group 4, and had higher engagement than group 2. Interactions were greater than those of the other groups, but lower than those of group 5. The DISCERN and GQS scores were not as high as those of videos posted by healthcare workers and institutions.

**Healthcare websites (group 4):** Videos shared by this group had moderate quality and low engagement rates.

**Independent individuals/institutions (group 5):** Videos posted by this group had the highest number of views, but their quality scores were the lowest. Content created by independent individuals generally received more views and likes; however, it lacked medical accuracy.

The correlations between the video parameters are presented in Table 4.

**Table 4. Correlation analysis of video metrics**

| | | Number of views | Number of like | Number of dislike | Number of comment | Duration (minutes) | DISCERN score | GQS score | JAMA score | VPI score | Like rate | Viewing rate |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days on Youtube | r | 0.405 | 0.314 | 0.436 | 0.340 | 0.036 | -0.040 | -0.083 | -0.078 | 0.050 | -0.492 | 0.055 |
| | *P* | < 0.001 | 0.001 | < 0.001 | < 0.001 | 0.718 | 0.695 | 0.411 | 0.440 | 0.622 | < 0.001 | 0.590 |
| Number of views | r | 1.000 | 0.916 | 0.805 | 0.816 | 0.304 | -0.120 | -0.133 | 0.068 | 0.911 | -0.682 | 0.913 |
| | *P* | | < 0.001 | < 0.001 | < 0.001 | 0.002 | 0.234 | 0.187 | 0.502 | < 0.001 | < 0.001 | < 0.001 |
| Number of like | r | 0.916 | 1.000 | 0.831 | 0.835 | 0.470 | -0.065 | -0.075 | 0.078 | 0.863 | -0.709 | 0.864 |
| | *P* | < 0.001 | | < 0.001 | < 0.001 | < 0.001 | 0.521 | 0.460 | 0.441 | < 0.001 | < 0.001 | < 0.001 |
| Number of dislike | r | 0.805 | 0.831 | 1.000 | 0.792 | 0.347 | -0.165 | -0.160 | -0.088 | 0.681 | -0.940 | 0.687 |
| | *P* | < 0.001 | < 0.001 | | < 0.001 | < 0.001 | 0.100 | 0.113 | 0.384 | < 0.001 | < 0.001 | < 0.001 |
| Number of comment | r | 0.816 | 0.835 | 0.792 | 1.000 | 0.413 | -0.063 | -0.037 | 0.112 | 0.743 | -0.687 | 0.745 |
| | *P* | < 0.001 | < 0.001 | < 0.001 | | < 0.001 | 0.534 | 0.717 | 0.266 | < 0.001 | < 0.001 | < 0.001 |
| Duration (minutes) | r | 0.304 | 0.470 | 0.347 | 0.413 | 1.000 | 0.071 | 0.077 | 0.054 | 0.361 | -0.266 | 0.363 |
| | *P* | 0.002 | < 0.001 | < 0.001 | < 0.001 | | 0.481 | 0.446 | 0.593 | < 0.001 | 0.007 | < 0.001 |
| DISCERN score | r | -0.120 | -0.065 | -0.165 | -0.063 | 0.071 | 1.000 | 0.837 | 0.601 | -0.088 | 0.192 | -0.088 |
| | *P* | 0.234 | 0.521 | 0.100 | 0.534 | 0.481 | | < 0.001 | < 0.001 | 0.383 | 0.055 | 0.383 |
| GQS score | r | -0.133 | -0.075 | -0.160 | -0.037 | 0.077 | 0.837 | 1.000 | 0.602 | -0.082 | 0.173 | -0.080 |
| | *P* | 0.187 | 0.460 | 0.113 | 0.717 | 0.446 | < 0.001 | | < 0.001 | 0.420 | 0.084 | 0.427 |
| JAMA score | r | 0.068 | 0.078 | -0.088 | 0.112 | 0.054 | 0.601 | 0.602 | 1.000 | 0.106 | 0.160 | 0.105 |
| | *P* | 0.502 | 0.441 | 0.384 | 0.266 | 0.593 | < 0.001 | < 0.001 | | 0.295 | 0.112 | 0.298 |
| VPI score | r | 0.911 | 0.863 | 0.681 | 0.743 | 0.361 | -0.088 | -0.082 | 0.106 | 1.000 | -0.529 | 1.000 |
| | *P* | < 0.001 | < 0.001 | < 0.001 | < 0.001 | < 0.001 | 0.383 | 0.420 | 0.295 | | < 0.001 | < 0.001 |
| Like rate | r | -0.682 | -0.709 | -0.940 | -0.687 | -0.266 | 0.192 | 0.173 | 0.160 | -0.529 | 1.000 | -0.537 |
| | *P* | < 0.001 | < 0.001 | < 0.001 | < 0.001 | 0.007 | 0.055 | 0.084 | 0.112 | < 0.001 | | < 0.001 |
| Viewing rate | r | 0.913 | 0.864 | 0.687 | 0.745 | 0.363 | -0.088 | -0.080 | 0.105 | 1.000 | -0.537 | 1.000 |
| | *P* | < 0.001 | < 0.001 | < 0.001 | < 0.001 | < 0.001 | 0.383 | 0.427 | 0.298 | < 0.001 | < 0.001 | |

GQS: Global Quality Scale, JAMA: The Journal of the American Medical Association, VPI: Video power index

## Discussion

Scabies is a dermatological disease whose incidence has significantly increased since 2018, becoming a social concern.[1,2] YouTube is a platform where people from all walks of life can upload videos containing health information.[3] The information regarding YouTube videos on scabies was not previously investigated. This study is the first to analyze the quality of scabies videos on YouTube. Our findings indicate that the quality of these videos varies and that the content is inadequate and not produced by reliable health sources.

The videos posted by healthcare professionals and professional organizations received higher DISCERN and GQS scores, indicating that these sources could provide reliable information. However, the number of views and likes for these videos was lower compared to the content created by independent individuals or organizations, suggesting that the public generally preferred popular but low-quality content. A study analyzing YouTube videos on acne found that videos posted by healthcare professionals were of higher quality but less popular, similar to our findings.[10] A survey of vitiligo indicated that the content shared by healthcare professionals was of higher quality but received fewer views.[11] Another study reported that videos on urticaria uploaded by physicians were of higher quality, more reliable, and more beneficial than videos uploaded by non-physicians. In contrast, the videos posted by non-physicians were more popular and viewed more.[12] Content produced by independent individuals and social media figures is not as reliable as information provided by professional sources, yet it reaches a wider audience, increasing the risk of spreading false or inadequate knowledge. Although the video quality is lower than that of professionals, the public shows a strong interest in these videos, highlighting a serious issue in digital health literacy. It could be argued that the public needs better guidance on accessing reliable information sources.

Similar findings have been reported in studies on non-dermatological diseases. Syed-Abdul et al.[13] reported that the most popular videos on YouTube were posted by non-professionals and that these videos typically lacked scientific accuracy. In a study examining bladder cancer videos on YouTube, Loeb et al.[14] found that content produced by professional sources had lower viewing rates but provided high-quality information. Similarly, our study found that videos posted by independent individuals and social media influencers garnered more views and interactions compared to those shared by professional sources, indicating that the public generally preferred popular yet scientifically inaccurate content.

Our findings emphasized the need for health professionals and organizations to create videos that capture the public's attention while providing accurate, reliable information. High activity levels on popular platforms like YouTube could be crucial for enhancing health literacy and preventing the spread of misinformation. Strategies should be developed to boost views and engagement rates of content produced by health professionals. These strategies should involve clickbait titles and descriptions, visually and aurally appealing videos, and concise, understandable, and thus more accessible content. It is also advisable for health authorities to implement verification mechanisms to curb the spread of misinformation on these platforms. Syed-Abdul et al.[13] argued that misinformation on YouTube was a significant issue and recommended that health organizations take a more active role on this platform.

### Study Limitations

The current study has certain limitations. It only examined videos published on YouTube, without exploring other social media platforms or websites. Second, the video analysis was conducted using subjective evaluation tools, (DISCERN, GQS, JAMA) based on the ratings of different reviewers. Only videos in the Turkish language were included in the analysis. Lastly, the videos considered in this study may be altered or removed over time; therefore, the findings reflect the current status on the platform and should be generalized with caution.

## Conclusion

The quality of content about scabies on YouTube varies significantly, and information from independent content creators is often less reliable compared to that posted by professional sources. This can challenge individuals seeking health information and increase the risk of misinformation. It is vital for both individual and public health, that healthcare professionals take a more active role in social media platforms like YouTube and produce reliable, high-quality content.

### Ethics

**Ethics Committee Approval:** Not applicable.

**Informed Consent:** Not applicable.

### Footnotes

### Authorship Contributions

Concept: N.G.G., Z.U., V.E., Design: N.G.G., Z.U., V.E., Ö.P., S.Ö., Data Collection or Processing: N.G.G., V.E., Ö.P., S.Ö.,

Analysis or Interpretation: N.G.G., Z.U., Ö.P., S.Ö., Literature Search: N.G.G., Z.U., V.E., Ö.P., S.Ö., Writing: N.G.G., S.Ö.

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