

## INTRODUCTION

- Globally, there is an increasing to obtain health related information on the Internet by a wide range of users such as college student. Many users can gather information from diverse resources that might be trusted or not.
- In this rapid technology era 99% of college students seek information from the use of Google, which might involve incorrect information (Head and Elsenberg, B, 2010).
- E-health literacy and health literacy are of two distinct terms:
  - E-health is distinguished by the use of technological sources.
  - Health literacy is only subjects to any other way of drawing information (Bautista, 2015).
- Previous studies suggest that students of higher academic status reported higher level of e-health literacy than younger students. A major obstacle is accessing, locating and assembling systematic search information from different databases (Hanik, 2011).
- A study in South Korea assessed e-health literacy among undergraduate nursing students and found that appropriate education programs needed to be put in place to improve e-health literacy (Park and Lee, 2014).
- A study examining the connection between college students' health behavior and individual factors, e-health literacy and health behavior reported an association between e-health literacy and levels of health behavior, level of engagement, health behavior, eating, exercising and sleeping patterns among students (Hsu, W., et al, 2014).

## STUDY PURPOSE

The purpose of this study was to examine e-health literacy among female college students in Abu Dhabi using a revised version of the eHEALS.

## RESEARCH QUESTION & HYPOTHESIS

### Research Question

Are there differences in e-health literacy among different types of health-related information seekers among Female college students?

### Hypothesis

There is a significant relationship between health-related information seekers and levels of e-health literacy among students at Zayed University

## METHODS

**Study Design** Cross-sectional design

### Sampling

- Anonymous survey on female college campus (N=164)

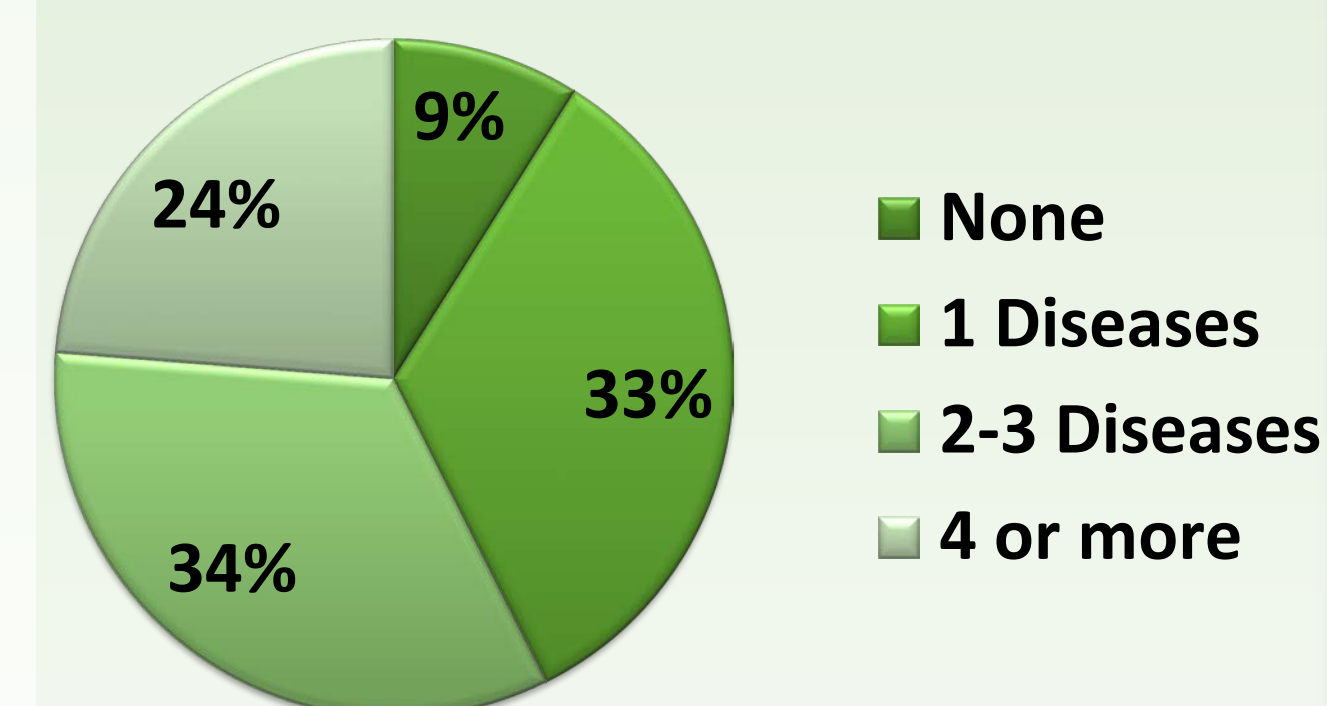
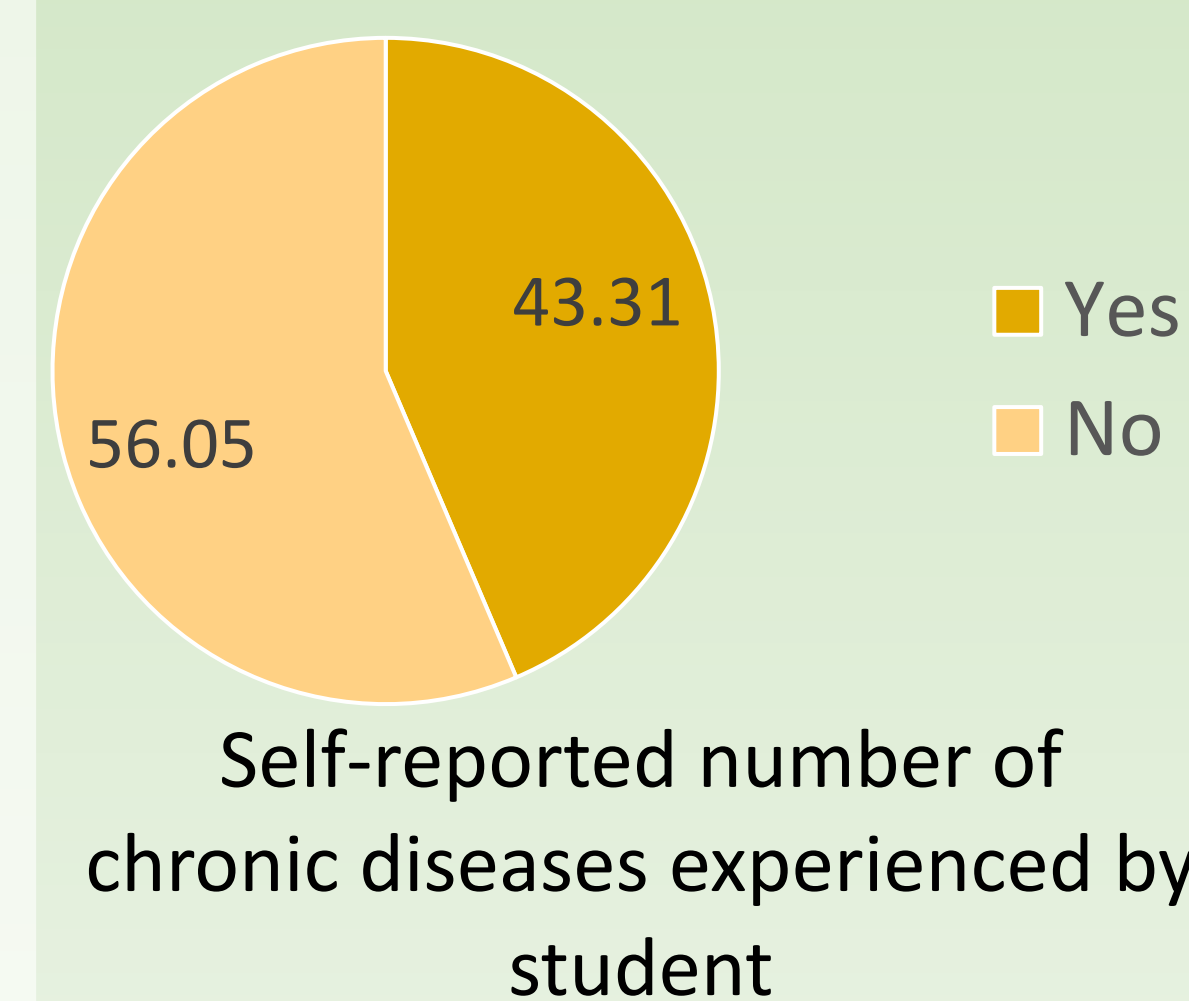
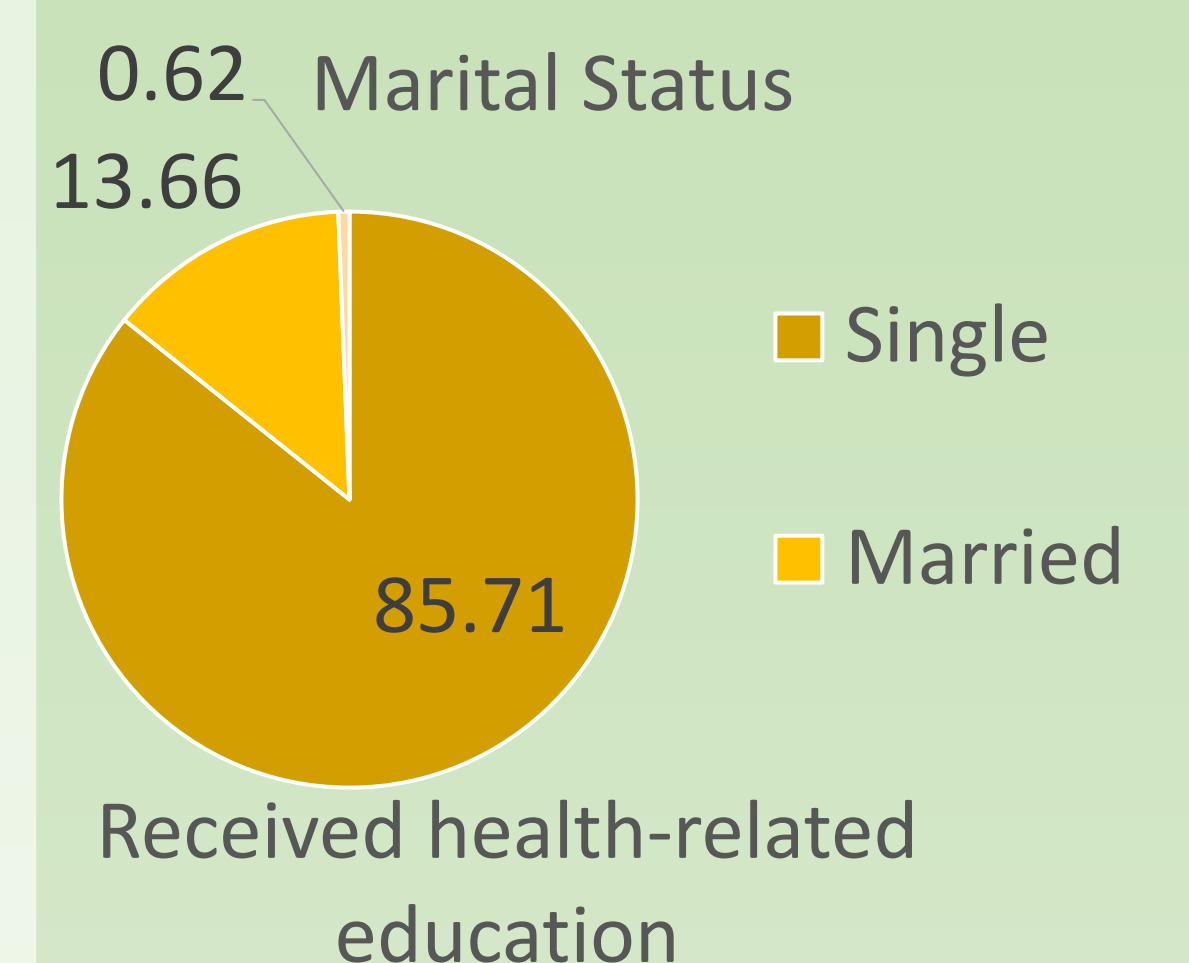
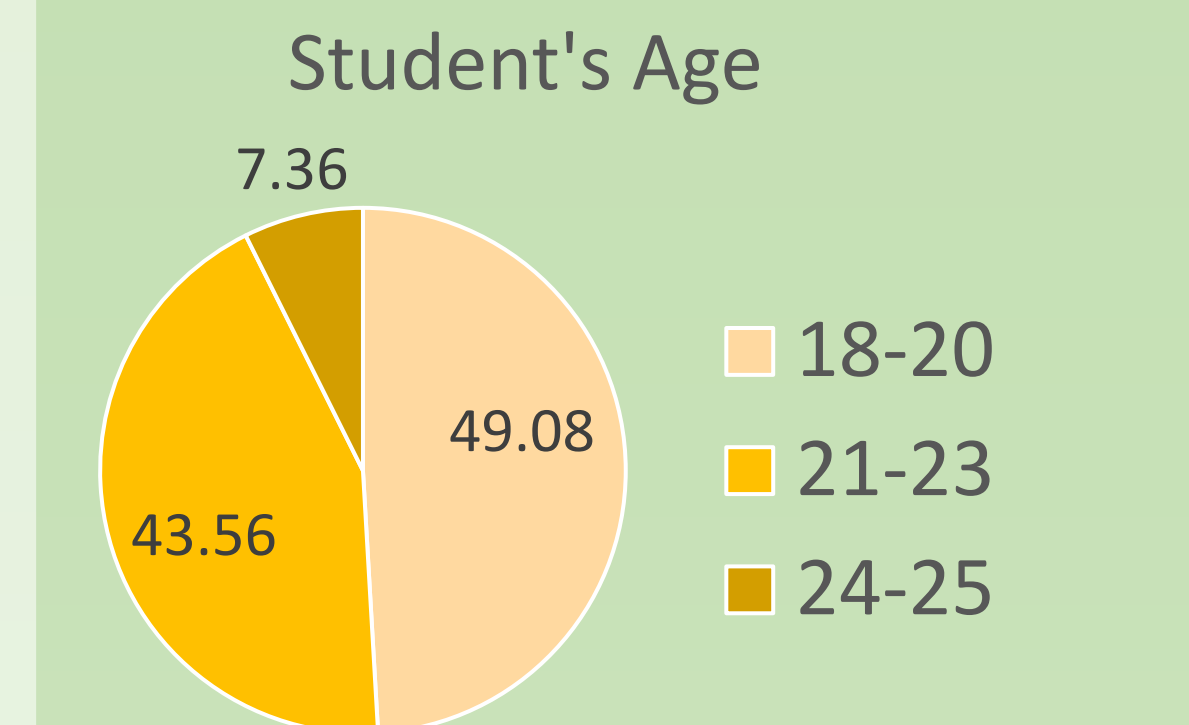
### Analytic Tool

- Survey that included demographic questions.
- Statements from the Extended e-HEALS

## DISCUSSION

- Results from this study are supported by the eHEALS but statistical significance was only shown for dimension 5, validating information.
- Frequent users showed a higher mean score for all 6 dimensions compared to the mean score for the total sample population.
- Moderate internet users scored higher than the mean score for the total sample population for three of the six dimensions, namely, dimension 2, recognizing quality and meaning, 3, understanding information, and 5, validating information. Infrequent users of the Internet scored lower than the mean score for the total sample population for 5 of the 6 dimensions.
- Study results differ from Petrič et.al, (2017) where results showed that infrequent users of the Internet scored lower than the total mean score.
- The values in the Cronbach's alpha resulted to be lower than the extended eHEALS study.

## RESULTS



### User Type frequency of seeking Internet-based Health Information

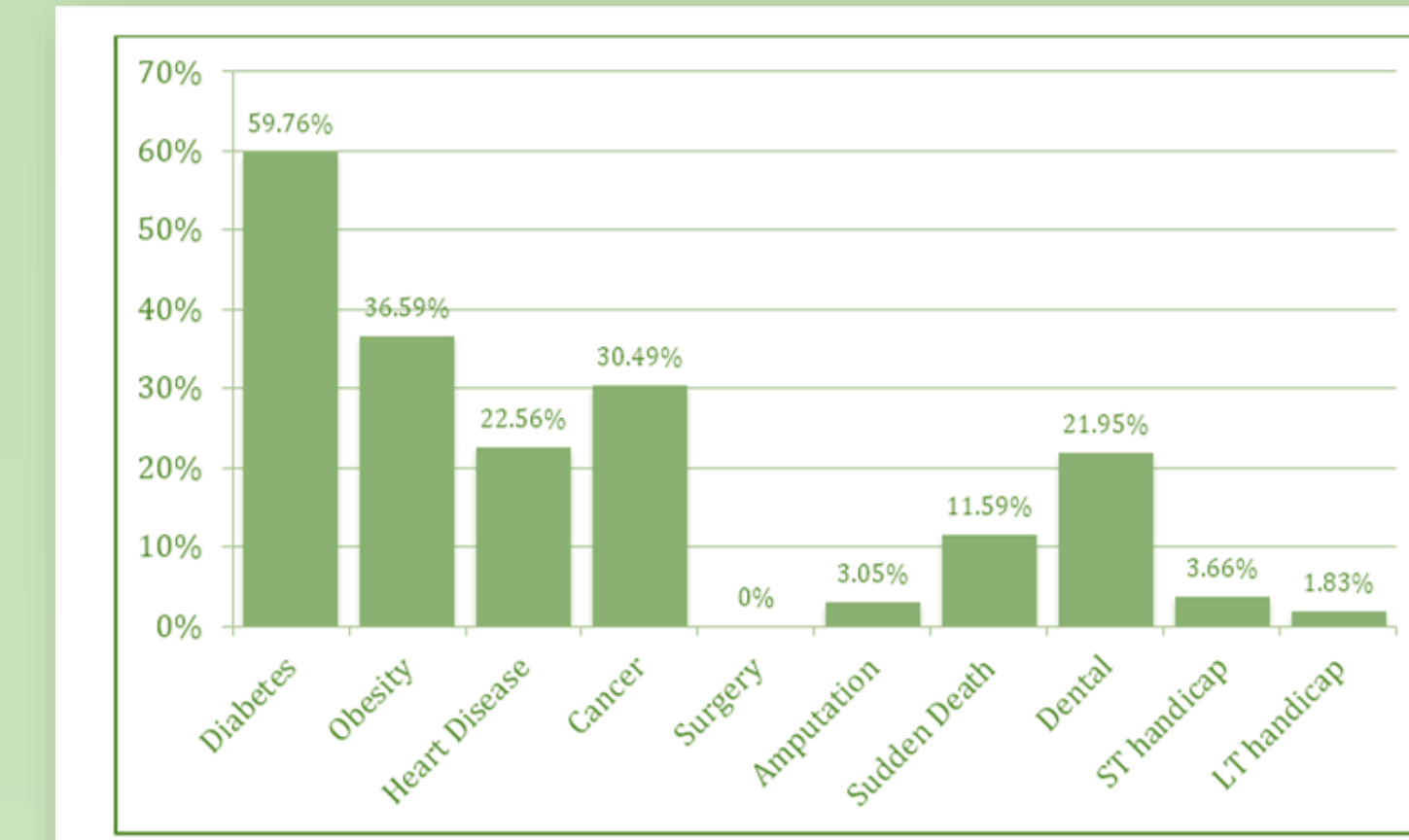
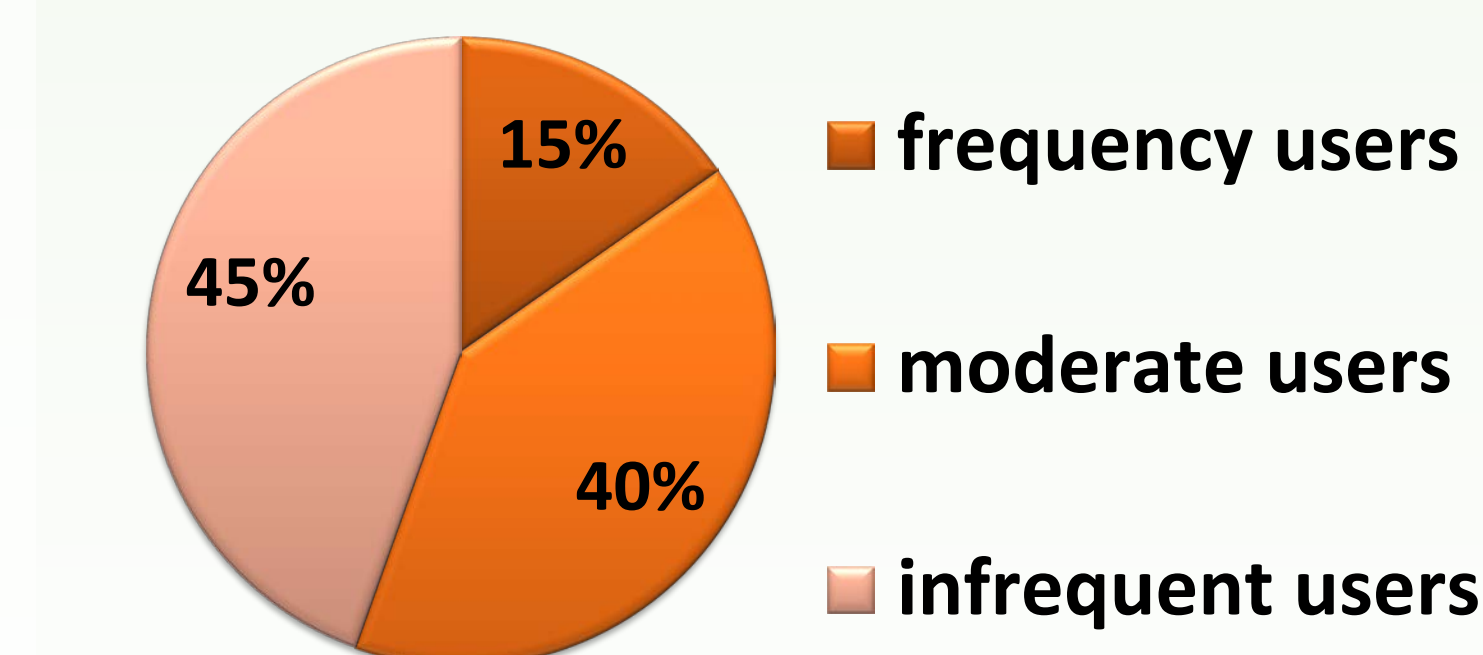


Fig 1. Frequency distribution of the types of disease experiences reported by female college students at Zayed University

| User Type        | N  | %      | Description   |
|------------------|----|--------|---|
| Frequent users   | 25 | 15.24% | Someone who likes to frequently find out information for their health on the internet |
| Moderate users   | 66 | 40.24% | Someone who moderately finds out information for their health on the internet         |
| Infrequent users | 73 | 44.51% | Someone who does not like to find out information for their health on the internet    |

| Dimensions                           | Mean | STD  | Min | Max |
|--------------------------------------|------|------|-----|-----|
| D1 - Awareness of sources            | 2.66 | 1.94 | 0   | 8   |
| D2 - Recognizing quality and meaning | 3.34 | 2.13 | 0   | 8   |
| D3 - Understanding information       | 5.66 | 2.37 | 0   | 12  |
| D4 - Perceived efficiency            | 6.03 | 2.49 | 0   | 13  |
| D5 - Validating information*         | 3.45 | 1.87 | 0   | 12  |
| D6 - Being smart on the Net          | 5.09 | 2.50 | 0   | 12  |

\*p<0.05

Table 5. Variance of mean scores of the extended e-health literacy scale (e-HEALS-E) dimensions and the statistical significance of the mean differences .

| Dimensions                         | Frequent Users |      | Moderate Users |      | Infrequent Users |      | Total |      |
|------------------------------------|----------------|------|----------------|------|------------------|------|-------|------|
|                                    | Mean           | SD   | Mean           | SD   | Mean             | SD   | Mean  | SD   |
| D1 Awareness of sources            | 2.80           | 2.36 | 2.60           | 1.70 | 2.67             | 2.00 | 2.66  | 1.93 |
| D2 Recognizing quality and meaning | 3.70           | 2.57 | 3.52           | 2.11 | 3.07             | 2.00 | 3.34  | 2.13 |
| D3 Understanding information       | 6.17           | 1.83 | 5.81           | 2.40 | 5.34             | 2.49 | 5.66  | 2.37 |
| D4 Perceived efficiency            | 6.75           | 2.80 | 5.83           | 2.51 | 5.99             | 2.35 | 6.03  | 2.49 |
| D5* Validating information         | 4.08           | 2.53 | 3.47           | 1.66 | 3.21             | 1.75 | 3.45  | 1.87 |
| D6 Being smart on the Net          | 5.13           | 2.21 | 4.37           | 2.12 | 5.69             | 2.74 | 5.08  | 2.50 |

\*p< 0.050

**Factor Analysis** - Conducted to find out whether variables included the six dimensions for e-health literacy, measured the outcome variable. Reliability - 4<sup>th</sup> dimension had the lowest Chronbach's Alpha score while other dimensions had a Chronbach's Alpha of more than 0.5.

Note: Acceptable Chronbach's alpha is usually between 0.65 and 0.80 and less than 0.50 denotes less reliability.

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