RESEARCH ARAŞTIRMA

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The Relationship Between Pregnant Women Using the Internet to Make Decisions and Their Attitudes Toward Using Patient Rights: A Descriptive and Cross-Sectional Study

Gebelerin İnternet Yolu ile Karar Vermeleri ve Hasta Haklarını Kullanma Tutumları Arasındaki İlişki: Tanımlayıcı ve Kesitsel Bir Çalışma

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ABSTRACT This study examined the relationship between pregnant women using the internet to make decisions and their attitudes toward using patient rights. This study was conducted using a descriptive and cross-sectional study. The population of the study consisted of pregnant women who applied to the Maternity and Children's Hospital in a province in the Black Sea region between August 2023 and November 2023. The study included 508 pregnant women and the data were collected face-to-face using the "sociodemographic information form", "Decision Making via the Internet in Pregnancy Scale (DMIPS)", and "Patient Rights Utilization Attitude Scale (PRUAS)" by simple random sampling method. The mean total DMIPS score of the pregnant women was 28.65±8.69, and the mean total score of the PRUAS was 52.36±12.19. A statistically significant and negative correlation was found between the mean scores of the pregnant women on the DMIPS and its sub-dimensions and the mean scores of the PRUAS and its sub-dimensions ($p<0.05$). As a result of the simple linear regression analysis conducted to determine the effect of pregnant women's decision-making through the internet on their attitude towards the use of patients' rights, it is seen that decision-making through the Internet has a significant negative effect on the attitude towards the use of patients' rights ($R^2=0.016$; $p=0.004$). Pregnant women's use of the internet to make decisions affects their attitudes toward the use of patient rights. This result shows that pregnant women use the internet to make decisions about patient rights.

Keywords: Pregnancy; internet; decision making; patient rights

ÖZET Bu araştırmada, gebelerin internet yoluyla karar almaları ile hasta haklarını kullanma tutumları arasındaki ilişki incelenmiştir. Bu araştırma tanımlayıcı ve kesitsel tasarımda yapılmıştır. Araştırmanın evrenini Karadeniz Bölgesi'nde bir ilde bulunan Kadın Doğum ve Çocuk Hastanesine Ağustos 2023-Kasım 2023 tarihleri arasında başvuran gebeler oluşturmaktadır. Araştırmaya 508 gebe dâhil edilmiş olup, veriler basit rastgele örnekleme yöntemi ile "sosyodemografik bilgi formu", "Gebelikte İnternet Yoluyla Karar Alma Ölçeği (GİYKAÖ)" ve "Hasta Hakları Kullanma Tutumu Ölçeği (HHKTÖ)" kullanılarak yüz yüze toplanmıştır. Gebelerin GİYKAÖ toplam puan ortalaması 28,65±8,69, HHKTÖ toplam puan ortalaması 52,36±12,19 olarak bulunmuştur. Gebelerin GİYKAÖ ve alt boyut puan ortalamaları ile HHKTÖ ve alt boyut puan ortalamaları arasında istatistiksel olarak anlamlı ve negatif yönde bir ilişki bulunmuştur ($p<0,05$). Gebelerin internet yoluyla karar almalarının hasta haklarını kullanma tutumu üzerindeki etkisini belirlemeye yönelik yapılan basit doğrusal regresyon analizi sonucunda internet yoluyla karar almanın hasta haklarını kullanma tutumu üzerinde negatif yönde anlamlı etkisi olduğu görülmektedir ($R^2=0,016$; $p=0,004$). Gebelerin internet yolu ile karar almaları, hasta haklarını kullanma tutumları üzerinde etkilidir. Bu sonuç, gebelerin hasta hakları ile ilgili kararlar almaları gerektiği durumlarda internetten faydalandıklarını göstermektedir.

Anahtar Kelimeler: Gebelik; internet; karar verme; hasta hakları

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Today, advances in science and technology have led to increases in the number of people using the internet. The "2021 Household Information Technology Use Survey of the Turkish Statistical Institute" found that 92% of households in Türkiye use the internet, and 71.7% of female internet users look online for information about health.[1] The fact that the rates are so high among women suggests that pregnant women's use of the internet is similarly focused on obtaining information about their pregnancy. In one study conducted by Lagan et al. in pregnant women, 97% of them used the internet for health information, social support, and participation in pregnancy-related blogs.[2] As important as it is to know the conditions that can affect pregnancy, it is also important to choose accurate information sources.[3]

With internet use day by day, it is known that more and more pregnant women are searching the internet for information while they are pregnant.[4] During the current period, when the internet is at the center of all our lives, it is expected that pregnant women will choose to go online to access information and that the decision they make will be affected by the information they obtain there. In a study conducted by Bayrak and Kanbur, a positive and highly significant relationship was reported between decision-making influenced by the sources found online and health practices.[5] This result shows that pregnant women make decisions on the basis of what they view on the internet, and these decisions are in the field of health practices. Pregnant women may use the internet to learn about how they should act during pregnancy, what they should watch out for, and thus about issues related to health practices during pregnancy. They also go online to seek social support, post and comment in blogs, and check the accuracy of information received from health care professionals. It has been reported in the literature that the majority of women who are pregnant employ what they have learned online in their decision-making process; the reason for this is that they do not receive enough information from health care professionals and do not feel they have enough time to ask the questions they want to.[6] In this sense, these women may also use the Internet to learn about patients' rights when they contact the hospital about their pregnancy.

Patients' rights are the basis for the individual to regain their former health and to maintain the quality of life of the person as high as possible by minimizing the negative material and moral effects on the person in case a disease becomes untreatable. They are an expression of the protection of the patient's interests vis-à-vis the health personnel, the health institution, and the health system in relation to the health system.[7,8] Patients' rights include the rights of patients or healthy individuals to be provided with appropriate interventions and care for their basic needs, diagnosis, treatment, and rehabilitation.[9,10] Patients' rights are an important issue because they are included in basic human rights.[11] Pregnancy, childbirth, and the postpartum period, which are closely related to women's health, are considered within the scope of reproductive health. In 1994, reproductive rights were defined at the International Conference on Population and Development. Patients' rights prevent and protect against abuse and discrimination. They also support ethical principles and rules. Patients' rights are included in human rights and can be considered as the implementation of these rights in health care settings.[12] When pregnant women seek health care, they also have a range of health needs and expectations. In this process, the basic rights of the pregnant woman, such as respect for her bodily integrity and dignity, are also considered within the framework of patients' rights.[13] In the literature review conducted in this context, no study was found that examined the relationship between how women use the Internet to inform their decision-making during pregnancy and their attitudes towards asserting their rights as patients. For this reason, the present study was conducted in order to investigate the relationship between pregnant women's decision-making using the internet as a resource and their attitudes toward asserting patients' rights.

MATERIAL AND METHODS

STUDY PLACE AND DESIGN

The population of the study consists of pregnant women who applied to the Maternity and Children's Hospital in a province in the Black Sea region between August 2023 and November 2023.

RESEARCH TYPE

This study was conducted in a descriptive and cross-sectional study.

UNIVERSE AND SAMPLE SIZE

The universe of the study consists of 2963 pregnant women who applied to the mentioned hospital and were diagnosed with pregnancy for the first time. The sample size was determined using the known universe sampling method. According to the calculated power analysis, it was concluded that at least 458 pregnant women should be included in the study with 95% power, a 5% error level, and a 98% confidence interval. Taking possible losses into account, the study was completed with 508 pregnant women. Since the sample size obtained is above the minimum sample size, it is considered sufficient.

The sample of the study consisted of 508 pregnant women who were over 18 years old, had experience of inpatient hospitalization, were literate in Turkish, having active internet use in any way (such as a phone or computer) and volunteered to participate in the study between the mentioned dates.

DATA COLLECTION

The data were collected face-to-face using the "sociodemographic information form (SIF)", "Decision Making via the Internet in Pregnancy Scale (DMIPS)" and "Patient Rights Utilization Attitude Scale (PRUAS)" by simple random sampling method.

SIF: In line with the literature, it includes some sociodemographic characteristics of pregnant women, such as age, educational status, and prenatal education.[5,14]

DMIPS: This scale was developed by Koyun and Erbektaş to measure the impact of the internet on decision-making regarding issues related to pregnancy. The scale consists of 10 items and two subdimensions. The scale is a five-point Likert-type scale as "1=strongly disagree, 5=strongly agree." The score that can be obtained from the scale is 10-50. As the score increases, it is assumed that the impact of the internet on decision-making increases. The Cronbach alpha reliability of the original scale is 0.85.[14] In this study, the Cronbach alpha value of the scale was found to be 0.93.

PRUAS: It was developed by Erbil to assess the attitude toward exercising patient rights. The scale consists of 29 items and seven sub-dimensions. The scale is Likert-type, and each item is scored as "I always use=5" and "I never use=1". The score that can be obtained from the scale is 29-145. The total score of the scale indicates the attitude towards the use of patient rights. It is interpreted that the higher the score of individuals on the scale, the higher the attitude towards using patients' rights. In the original scale, the Cronbach alpha reliability was 0.88.[15] In this study, the Cronbach alpha value of the scale was found to be 0.92.

STATISTICAL ANALYSIS

SPSS "Statistical Package for Social Sciences" for Windows 25.0 (IBM Corporation, Armonk, NY, USA) was used for data analysis. Number, percentage, minimum, maximum, median, mean, and standard deviation values were used to analyze the descriptive data. The kurtosis and skewness values (+1, -1) were examined to determine the normal distribution of the data. Independent groups t-test, one-way analysis of variance, and post hoc tests (Tukey HSD) and Tamhane's were used to evaluate the normally distributed data. Pearson correlation analysis was used to examine the relationship between the data. Simple linear regression analysis was used to determine the predictive power. In statistical tests, a 95% confidence interval and $p<0.05$ were used as significance levels.

ETHICAL CONSIDERATION

Ethical committee approval was obtained from the Social and Humanities Research Ethics Committee of Ondokuz Mayıs State University on May 26, 2023 with decision number 2023-485, and study approval was obtained on August 1, 2023 with number E-26521195-604.02.02-221115835. The study was conducted per the tenets of the Declaration of Helsinki, and informed consent was obtained from the participants.

RESULTS

Some characteristics of pregnant women regarding socio-demographics, pregnancy, and patient rights

are shown in Table 1. It was determined that the mean age of the pregnant women was 29.12±5.58, the mean pregnancy week was 30.20±9.40, and 36.4% of them were their first pregnancy. It was found that 45.7% of the pregnant women were high school graduates, 55.7% lived in the province, and 64.8% of them had an income equal to their expenses. It was determined that 56.1% of pregnant women did not go to a pre-pregnancy health check-up, 53.3% did not have knowledge about patient rights and were unaware that there was a patient rights unit in hospitals, and 91.5% had not applied to the patient rights unit before.

Table 2 shows the mean scores of pregnant women on the scale of DMIPS and the scale of PRUAS. It was found that the DMIPS mean score of the total scale was 28.65±8.69 and PRUAS mean score of the total scale was 52.36±12.19.

Table 3 shows the comparison of the mean scores of the scale and sub-dimensions of Internet decision-making during pregnancy according to some characteristics of pregnant women in terms of socio-demographics, pregnancy, and patient rights.

The comparison of the mean scores of the attitude to use patient rights in pregnancy scale and sub-dimension scores according to some characteristics of pregnant women regarding socio-demographics, pregnancy, and patient rights is shown in Table 4.

The relationship between the mean scores of the DMIPS and the PRUAS is shown in Figure 1. A statistically significant and negative correlation was found between the mean scores of the scale of decision-making about pregnancy via the Internet and its subdimensions and the mean scores of the scale of attitudes towards using patients' rights and its subdimensions ($p<0.05$). Accordingly, as the mean scores

TABLE 1: Some characteristics of pregnant women regarding sociodemographic, pregnancy and patient rights (n=508).

Variables		X̄±SD	
Year		29.12±5.58 (18-45)	
Pregnancy week		30.20±9.40 (10-41)	
		n	%
Number of pregnancies	First pregnancy	185	36.4
	Second pregnancy	185	36.4
	Third pregnancy	99	19.5
	Four or more pregnancies	39	7.7
Education status	Primary school	40	7.9
	Middle school	90	17.7
	High school	232	45.7
	University and above	146	28.7
Place of residence	Village	44	8.7
	District	181	35.6
	Province	283	55.7
Monthly income of the family	Income less than expenses	149	29.3
	Income equal to expenses	329	64.8
	Income more than expenses	30	5.9
Did you have a pre-pregnancy health check-up?	I did	223	43.9
	I didn't	285	56.1
Do you know anything about patient rights?	I know	237	46.7
	I don't know	271	53.3
Do you know that there is a patient rights unit in the hospital?	I know	237	46.7
	I don't know	271	53.3
Have you applied to the patient rights unit before?	I did	43	8.5
	I didn't	465	91.5

SD: Standard deviation.

TABLE 2: Mean scores of pregnant women on the scale of DMIPS and the scale of PRUAS.

Scales	Sub-dimension	X̄±SD	Median	Minimum-maximum
DMIPS	Self-efficacy perception	14.00±4.46	14	5-25
	Perception of self-control	14.64±4.83	14	5-25
	Total	28.65±8.69	28	10-50
PRUAS	Right to information and respectful service	14.55±4.16	15	8-32
	Selection, replacement, and registration of personnel right to review	13.55±4.05	14	7-27
	Right to visitors, companions, security, and complaints	7.21±2.39	8	4-17
	Right to consent to and refuse treatment	3.53±1.35	4	2-10
	The right to receive services in accordance with medical requirements and to require staff to comply with prohibitions	6.79±2.14	8	4-13
	The right to consent in medical and pharmaceutical research	3.26±1.16	4	2-10
	Obtaining consent for organ transplantation, family the right to use contraception and to terminate a pregnancy	3.41±1.17	4	2-10
	Total	52.36±12.19	57	29-102

DMIPS: Decision Making via the Internet in Pregnancy Scale; PRUAS: Patient Rights Utilization Attitude Scale; SD: Standard deviation.

of the scale of decision-making during pregnancy via Internet and all its sub-dimensions increased, the mean scores of the scale of attitude towards using patient rights, the right to choose, change, and examine records, "the right to visitors, companions, security and complaints", "the right to receive services in accordance with medical requirements and to ask the staff to observe prohibitions", "the right to consent in medical and pharmaceutical research", "consent in organ tissue transplantation, the right to use family planning and the right to use contraception and to terminate a pregnancy" and the total scale mean scores decreased.

Table 5 shows the results of the simple linear regression analysis conducted to determine the effect of pregnant women's decision-making via the internet on their attitude toward using patients' rights. Examining the table, it can be seen that making decisions via the internet has a significant negative effect on the attitude toward using patients' rights (p=0.004). According to this result, 1.6% of the attitude to use patient rights is predicted by decision-making via the Internet.

DISCUSSION

Today, the internet can be used in almost every aspect of life. During pregnancy, most pregnant women are able to access the internet as a method of accessing information.[5] There is data in the literature that these women use the internet in this way and that the internet affects the decisions made while pregnant.[16-19] The results of the current study support this result in the literature. It can be said that the level of decision-making of pregnant women through the internet is at a moderate level, and pregnant women use the ability to go online effectively while making decisions during this period.

Patients' rights aim to increase patient satisfaction, improve the healthcare delivery system, and reduce the length of hospital stays. They also ensure an equal sharing of responsibilities between patients and health professionals. Besides having knowledge about patients' rights, patients should also be able to translate this knowledge into attitudes.[20] In the present study, it was found that the attitude towards using patients' rights was negative. On the other hand, studies conducted in different sample groups in the literature, such as those who were attending family health centers, and inpatients in internal medicine and surgery clinics, found that the participants' attitudes toward using patients' rights were positive.[20-22] The difference between the findings of the present study and the results in the literature may have arisen from the differences in the sociodemographic characteristics of the women in the sample group.

When the sociodemographic, obstetric, and patients' rights characteristics of the pregnant women were evaluated with the mean scores for the scale of

TABLE 3: Comparison of the mean scores of the DMIPS and its subscales according to sociodemographic, obstetric, and patient rights characteristics of pregnant women.

	DMIPS		
Variables	**Self-efficacy perception**	**Self-control perception**	**Total**
Age	**r=-0.102***	**r=-0.152****	**r=-0.137****
	p=0.021	**p=0.001**	**p=0.002**
Pregnancy week	r=0.049	**r=0.113***	**r=0.088***
	p=0.266	**p=0.011**	**p=0.046**
Education status			
Primary school	13.47±4.37	14.07±5.11	27.55±9.00
Middle school	14.05±4.14	14.41±4.71	28.46±8.25
High school	13.98±4.28	14.89±4.68	28.87±8.31
University and above	14.16±4.95	14.56±5.09	28.73±9.48
Test and p value	F=0.255; p=0.858	F=0.468; p=0.705	F=0.282; p=0.838
Place of residence			
Village	13.40±5.33	14.34±5.10	27.75±10.03
District	13.65±4.45	14.23±4.90	27.88±8.77
Province	14.32±4.30	14.96±4.74	29.28±8.38
Test and p value	F=1.709; p=0.182	F=1.334; p=0.264	F=1.700; p=0.184
Income status			
Income lower than expenses	13.65±4.19a	14.13±4.66	27.78±8.25a
Income equal to expenses	13.98±4.35a	15.74±4.73	29.72±8.45a
Income more than expenses	16.03±6.24b	16.16±6.36	32.20±12.14b
Test and p value	F=**3.610**; p=**0.028**	F=2.397; p=0.092	F=**3.283**; p=**0.038**
Attendance to pre-pregnancy health check-ups			
I did go	14.45±4.20	14.41±4.94	28.87±8.62
I didn't go	13.65±4.62	14.83±4.75	28.48±8.75
Test and p value	t=**2.015**; p=**0.044**	t=0.958; p=0.338	t=0.497; p=0.619
Knowledge about patient rights			
I know	13.79±4.23	14.07±4.49	27.86±8.16
I don't know	14.19±4.64	15.15±5.07	29.35±9.08
Test and p value	t=1.014; p=0.311	t=**2.531**; p=**0.012**	t=1.927; p=0.056
Knowing that there is a patient rights unit in the hospital			
I know	14.05±4.26	14.41±4.71	28.47±8.42
I don't know	13.96±4.63	14.85±4.93	28.81±8.92
Test and p value	t=0.242; p=0.809	t=1.029; p=0.304	t=0.448; p=0.654
Previous application to the patient rights unit			
I did	12.65±5.55	13.44±5.73	26.09±10.85
I didn't	14.13±4.33	14.76±4.73	28.89±8.43
Test and p value	t=**2.091**; p=**0.037**	t=1.714; p=0.087	t=**2.029**; p=**0.043**

F: One-way analysis of variance; t: t-test in independent groups; a-b: There is no statistically significant difference between values with the same letter; r: Pearson's correlation coefficient; DMIPS: Decision-Making via Internet in Pregnancy Scale.

*: Correlation is significant at the 0.05 level (2-tailed). **: Correlation is significant at the 0.01 level (2-tailed).

decision-making via the Internet during pregnancy were evaluated, age, gestational week, income level and previous application to the patients' rights unit were found to have an effect on decision-making via the Internet during pregnancy. This result of the study is partially similar to the result of Bayrak and Kanbur entitled "Investigation of the Relationship between Decision-Making via the Internet during Pregnancy and Health Practices". In Bayrak and Kanbur study, it was reported that educational level and income influenced the level of internet decision-making during pregnancy.[5] It is believed that this difference in research results is because the sample groups have different socio-demographic characteristics, and the studies were conducted at different times.

TABLE 4: Comparison of the mean scores of the PRUAS and subscale scores according to sociodemographic, pregnancy and patient rights characteristics of pregnant women.

	PRUAS							
Variables	**Right to information and respectful service**	**Selection, replacement, and registration of personnel right to review**	**Right to visitors, companions, security, and complaints**	**Right to consent to and refuse treatment**	**The right to receive services in accordance with medical requirements and to require staff to comply with prohibitions**	**The right to consent in medical and pharmaceutical research**	**Obtaining consent for organ transplantation, family the right to use contraception and to terminate a pregnancy**	**Total**
Age	r=0.016	**r=0.153****	r=0.069	r=0.034	**r=0.155****	r=0.048	r=0.058	**r=0.106***
	p=0.719	**p=0.001**	p=0.118	p=0.444	**p=0.009**	p=0.280	p=0.191	**p=0.017**
Pregnancy Week	r=0.016	r=0.010	**r=0.138****	r=0.051	r=0.052	r=0.086	r=0.055	r=0.057
	p=0.721	p=0.825	**p=0.002**	p=0.254	p=0.239	p=0.053	p=0.214	p=0.203
Education status								
Primary School	14.37±4.66	13.10±4.18	6.80±1.93	3.35±1.38	6.20±2.25	3.00±1.08	3.27±1.48	50.10±11.53
Middle School	13.93±4.30	13.41±4.47	7.06±2.75	3.43±1.36	6.95±2.34	3.27±1.41	3.28±1.26	51.48±13.98
High School	14.64±3.75	13.86±3.92	7.32±2.26	3.59±1.25	6.82±2.05	3.38±1.12	3.46±1.14	53.09±11.35
University and above	14.85±4.53	13.26±3.97	7.24±2.49	3.57±1.47	6.82±2.13	3.14±1.06	3.44±1.07	52.35±12.49
F=	0.984	0.904	0.679	0.591	1.217	2.025	0.721	0.895
p=	0.400	0.439	0.565	0.621	0.303	0.109	0.540	0.443
Place of Residence								
Village	13.77±3.25	13.15±4.82	6.84±2.82	3.27±1.18	6.70±2.31	3.11±1.26	3.20±1.11	50.06±12.30
District	14.77±4.59	13.37±3.93	7.25±2.43	3.56±1.43	6.67±2.16	3.20±1.13	3.33±1.05	52.19±11.84
Province	14.54±4.00	13.73±4.01	7.24±2.30	3.56±1.31	6.89±2.11	3.32±1.17	3.49±1.25	52.83±12.39
F=	1.039	0.663	0.586	0.939	0.578	0.945	1.779	1.007
p=	0.355	0.516	0.557	0.392	0.561	0.389	0.170	0.366
Monthly income status								
Income lower than expenses	14.49±3.90[a]	14.04±4.21[a]	7.12±2.39	3.59±1.22	6.97±2.16[a]	3.30±1.17[a]	3.48±1.11	53.02±11.84[a]
Income equal to expenses	14.75±4.08[a]	13.51±3.95[a]	7.27±2.34	3.49±1.32	6.80±2.13[a]	3.30±1.17[a]	3.38±1.16	52.58±12.32[a]
Income more than expenses	12.66±5.67[b]	11.50±3.89[b]	6.96±3.03	3.73±2.04	5.83±1.98[b]	2.63±1.18[b]	3.33±1.51	46.66±11.37[b]
F=	**3.529**	**4.998**	0.394	0.567	**3.597**	**4.747**	0.430	**3.583**
p=	**0.030**	**0.007**	0.674	0.568	**0.028**	**0.009**	0.651	**0.029**
Attendance to pre-pregnancy health check-ups								
I did go	15.20±3.73	14.75±4.12	7.67±2.88	3.65±1.34	7.16±2.09	3.43±1.31	3.67±1.32	55.55±12.44
I didn't go	14.93±4.23	13.32±4.01	7.12±2.28	3.51±1.35	6.73±2.15	3.23±1.13	3.36±1.14	51.76±12.06
t=	1.501	**2.894**	1.876	0.798	1.651	1.435	**2.201**	**2.560**
p=	0.134	**0.004**	0.061	0.425	0.099	0.152	**0.028**	**0.011**

TABLE 4: Comparison of the mean scores of the PRUAS and subscale scores according to sociodemographic, pregnancy and patient rights characteristics of pregnant women *(continuing)*.

	PRUAS							
Variables	Right to information and respectful service	Selection, replacement, and registration of personnel right to review	Right to visitors, companions, security, and complaints	Right to consent to and refuse treatment	The right to receive services in accordance with medical requirements and to require staff to comply with prohibitions	The right to consent in medical and pharmaceutical research	Obtaining consent for organ transplantation, family the right to use contraception and to terminate a pregnancy	Total
Knowledge about patient rights								
I know	14.69±4.16	14.05±4.11	7.32±2.29	3.61±1.35	7.02±2.04	3.36±1.11	3.47±1.10	53.54±12.21
I don't know	14.43±4.17	13.11±3.96	7.12±2.48	3.47±1.34	6.60±2.21	3.17±1.20	3.35±1.23	51.33±12.10
t=	0.694	**2.598**	0.933	1.131	**2.185**	1.834	1.117	**2.040**
p=	0.488	**0.010**	0.352	0.258	**0.029**	0.067	0.264	**0.042**
Knowing that there is a patient rights unit in the hospital								
I know	14.44±4.36	13.55±4.20	7.20±2.55	3.51±1.50	6.73±2.15	3.20±1.26	3.43±1.27	52.13±13.02
I don't know	14.66±3.98	13.55±3.93	7.22±2.26	3.56±1.19	6.85±2.14	3.32±1.06	3.38±1.08	52.56±11.44
t=	0.587	0.002	0.106	0.384	0.638	1.142	0.467	0.395
p=	0.558	0.998	0.916	0.701	0.524	0.254	0.641	0.693
Previous application to the patient rights unit								
I did	12.46±4.64	11.69±4.27	7.27±2.83	3.25±1.51	6.67±2.14	3.06±1.16	3.23±1.23	47.67±13.83
I didn't	14.75±4.07	13.72±4.00	7.20±2.35	3.56±1.33	6.81±2.15	3.28±1.16	3.42±1.17	52.79±11.95
t=	**3.483**	**3.160**	0.184	1.441	0.398	1.151	1.035	**2.653**
p=	**0.001**	**0.002**	0.854	0.150	0.691	0.250	0.301	**0.008**

F: One-way analysis of variance; t: t-test in independent groups; a-b: There is no statistically significant difference between values with the same letter; r: Pearson's correlation coefficient; PRUAS: Patient Rights Utilization Attitude Scale.

*: Correlation is significant at the 0.05 level (2-tailed). **: Correlation is significant at the 0.01 level (2-tailed).

There was a statistically significant negative correlation between the age of the women and the mean scores for the internet decision-making during pregnancy scale and its subdimensions, while there was a statistically significant positive correlation between the gestational week and the mean scores for the scale and its subdimensions ($p<0.05$). Accordingly, as the age of pregnant women increased, the mean scores of the Internet decision-making during pregnancy scale and all its sub-dimensions decreased. As the gestational week increased, the mean scores of the self-control perception sub-dimension and the total scores for the Internet decision-making during pregnancy scale increased. In the study conducted by Bayrak and Kanburun, it was found that the rate of Internet use was found to decrease with increasing age, which was similar to the findings of the present study.[5]

In the study, when the income levels of the pregnant women were compared with the mean scores for the scale and its sub-dimensions, it was found that those who had an income greater than their expenditure had a greater degree of self-efficacy and internet decision-making during pregnancy. This may indicate that pregnant women with an income higher than their expenditure will be more likely to access information online because they do not have any financial problems. In the literature review, Öztürk et al. also reported that Internet use increased with increasing income levels.[22] In line with the results of this study and the literature, it can be concluded that having to pay to access the internet fee has an effect on internet decision-making.

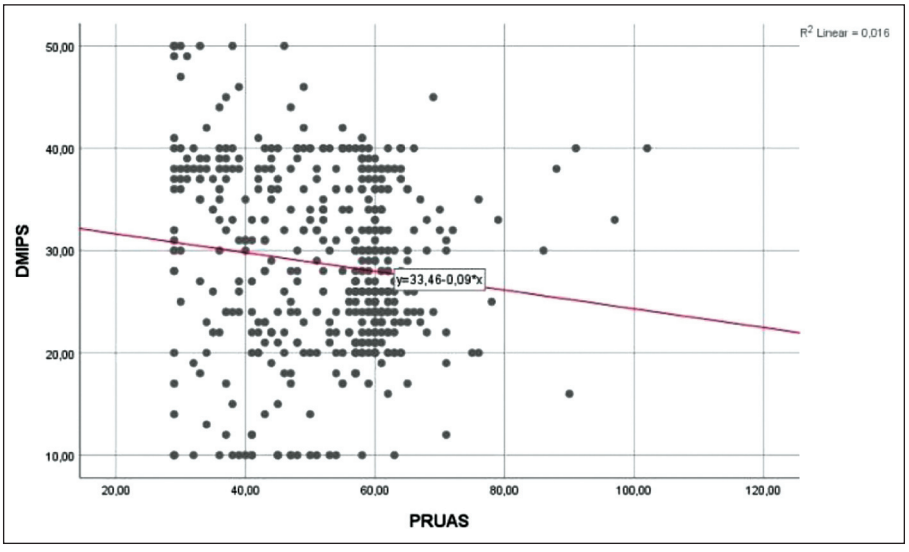

FIGURE 1: Correlation graph between the means scores of the DMIPS and PRUAS.
DMIPS: Decision Making via the Internet in Pregnancy Scale; PRUAS: Patient Rights Utilization Attitude Scale.

TABLE 5: Regression analysis results on the predictive power of pregnant women's decision-making via the internet on the attitude of using patient rights.

	B	t value	p value
Decision making via the internet	-0.180	-2.910	0.004
	R^2=0.016	F=8.466	p=0.004

In the present study, having previously applied to the patient rights unit had an effect on self-efficacy and decision-making via the Internet. In other words, it can be said that the pregnant women did not have sufficient knowledge about applying to the patient rights unit, and for this reason, they tended to seek out information from the Internet about how to apply to the patients' rights unit.

There was a significant and positive relationship between the age of the pregnant women and their attitude toward asserting their patients' rights. An increase in their age affected their attitudes towards asserting their rights. A similar result was also expressed in the study carried out by Zaybak and İsmailoğlu.[23] However, in the study conducted by Taşçın, it was found that age did not affect the attitude towards using their patients' rights, but that younger women had more negative attitudes.[24] In the current study, the income status of pregnant women affected their attitude towards asserting their rights, and those whose income was lower than their expenditure had more positive attitudes towards using patients' rights. On the other hand, Taşhan and Çelik reported that the attitude toward asserting one's rights became more positive as the income level of individuals increased.[25] In Kırılmaz et al. study on awareness of patients' rights, it was stated that the income level did not affect the attitude towards asserting patients' rights.[26] Different results were found in the literature regarding income status and the attitude toward asserting patients' rights. This may be due to the presence of different socio-cultural factors, as well as geographical differences in the sample groups. It can be said that the pre-pregnancy health check-up status of pregnant women had an effect on the attitude towards patients' rights. It was found that the attitudes of those who went to pre-pregnancy health check-ups were more positive. Another result of the study was that being aware of patients' rights affected the attitude towards asserting them. Değirmen and Durmaz, in their study titled "Investigation of Attitudes towards Using Patients' Rights in Women Receiving Obstetric Gynecological Care", stated that those who received information about patients' rights had more positive attitudes towards asserting their rights.[11] In the study conducted by

Taşhan and Çelik, it was found that the attitudes of those who had information about patients' rights were more positive than the attitudes of those who did not have information.[26] Erzincanlı and Zaybakın (2015) similarly found that those who knew about patients' rights had more positive attitudes toward using them than those who did not.[20] It was found that those who had previously applied to the Patient Rights Unit had less positive attitudes toward asserting their rights. It is thought that this may have been because those who had previously contacted the Patient Rights Unit had a negative experience or that their problems were not permanently resolved.

Examining the relationship between decision-making via the Internet and the women's attitudes toward asserting patients' rights, a significant and negative relationship was found. In other words, it can be said that as the pregnant women's decision-making via the Internet increased, their attitudes toward asserting their rights became more negative. It is thought that this may have been due to the sharing of negative experiences online through social media and blogs, or the realization that none of the solutions offered to address their problems were permanent.

LIMITATIONS

The limitation of this research is that the research data was collected from pregnant women who applied to the mentioned hospital.

CONCLUSION

In this study, which was conducted to determine the relationship between pregnant women's decision-making via the Internet and their attitudes towards the use of patients' rights, it was found that there was a relationship between pregnant women's decision-making via the Internet and their attitudes towards the use of patients' rights, and this relationship was not coincidental in the regression analysis, and decision making via the Internet affected the attitude towards the use of patients' rights. In this context, providing information about patients' rights on different blogs, social media tools, or different platforms on the Internet may help inform pregnant women about this issue. In another issue, it may be recommended to organize in-service training for midwives and health professionals who interact one-on-one with pregnant women on decision-making via the Internet, access to accurate information on the Internet, patients' rights, and the use of technology and the Internet.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Serap Öztürk Altınayak, Hava Özkan, Sevcan Kaymak, Senahan Çoban;* ***Design:*** *Serap Öztürk Altınayak, Hava Özkan, Sevcan Kaymak, Senahan Çoban;* ***Control/Supervision:*** *Serap Öztürk Altınayak, Hava Özkan;* ***Data Collection and/or Processing:*** *Sevcan Kaymak, Senahan Çoban;* ***Analysis and/or Interpretation:*** *Serap Öztürk Altınayak, Hava Özkan;* ***Literature Review:*** *Sevcan Kaymak, Senahan Çoban;* ***Writing the Article:*** *Sevcan Kaymak, Senahan Çoban;* ***Critical Review:*** *Serap Öztürk Altınayak, Hava Özkan;* ***References and Fundings:*** *Serap Öztürk Altınayak, Hava Özkan, Sevcan Kaymak, Senahan Çoban.*

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