DO TURKISH CITIZENS KNOW THEIR BODIES? A SURVEY ABOUT BASIC HEALTH KNOWLEDGE IN KARABÜK

Abstract

This study focuses on examining elemental health knowledge level of Turkish citizens in Karabük. It can be said that environmental conditions, new life styles, industrialization and political problems play role in the development of health issues and problems. The understandability, practicality and sorting the reliable information out is mostly related to the level of health knowledge and health literacy. Therefore, health literacy is a necessity for every segment of the society because the level of health literacy and patients’ ability for explaining their health problems to the health care providers, hence going through a convenient treatment process, are bound to each other. The research was grounded on two questions related to elementary health knowledge: What are the five sense organs? Where are stomach and kidneys in our body? Within this context, a quantitative analysis was conducted by street interviews with Karabük citizens in random sampling.

Keywords: Health literacy, health knowledge, health communication, health promotion, street interviews
Türk Halkı Vücutunu Tanıyor mu? Karabük’te Temel Sağlık Bilgisi Üzerine Yapılan Bir Araştırma

TÜRK HALKI VÜCUDUNU TANIYOR MU? KARABÜK’TE TEMEL SAĞLIK BİLGİSİ ÜZERİNE YAPILAN BİR AraştırmA

Öz


Anahtar kelimeler: Sağlık okuryazarlığı, sağlık bilgisi, sağlık iletişimi, sağlıkın geliştirilmesi, sokak anketi

1. Introduction

Increasingly complicating environmental conditions, new life styles, industrialization and political problems play a vital role in the development of health issues and problems. Global diseases and insufficient health care services are continuing while there are still existing communication problems between health care providers, health consumers and all of the shareholders regarding health sector. If health care providers ignore cultural norms, patients’ coping skills and psycho-social factors, it is inevitable that a patient fails in obeying the treatment. Therefore not only communication between health care providers, patients and patient relatives, but also health literacy and knowledge are crucial in terms of health care services because it is known that patients tend to seek different remedies and another ways for solution if there happens any communication problem between health care providers and patients or if the health care providers fail to satisfy patients.

Today, individuals are bombarded with information regarding health care issues by healthcare providers and especially by media and internet. The understandability, practicality and sorting the reliable information out is mostly related to the level of health knowledge and health literacy. Therefore, health literacy is a necessity for every segment of the society because the level of health literacy and patients’ ability for explaining their health problems to the health care providers, hence going through a convenient treatment process, are bound to each other.

Within this context, this study aims to find out how well Turkish citizens living in Karabük city know their bodies in terms of basic health knowledge. Therefore random street interviews were conducted on April – May 2015 in Karabük city center and at Karabük University. Karabük is a little town in the Black Sea Region of Turkey, which is 220 kilometers away from Ankara and 400 kilometers away from İstanbul.

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2. Understanding health literacy and health knowledge through a literature review

Health literacy is a necessity that concerns every segment of the society. To define health literacy in short, it is fund of knowledge related to basic health knowledge and services, which leads individuals’ decisions and behaviors about themselves and community health care; and accessing, using and passing down this knowledge (Sezgin, 2011: 140-141).

According to World Health Organization (WHO), health literacy is the cognitive and social skills which determine the motivation and ability of individuals to gain access to understand and use information in ways which promote and maintain good health. Hence, health literacy means more than being able to read pamphlets and successfully make appointments (http://www.who.int/healthpromotion/conferences/7gchp/track2/en/).

In today’s society, being health literate is greater than ever before because health consumers are required to participate in more complicated preventative health care and self-care regimes, they need to understand more compounded health information and navigate more complex health systems as well (Johnson, 2014: 40). On the other hand, individuals with limited health literacy have barriers to patients and health providers’ communication. Individuals with limited health literacy have usually problems to function adequately in a health care environment, tend to be less knowledgeable about their health problems; therefore they have greater health care costs and poorer health status while experiencing more hospitalizations (Komenaka et al., 2014: 374).

However low literacy skills are not only problematic for consumers and the public, but also for health care providers who can also have low health literacy skills such as reduced ability to explain health issues clearly to patients and the public (Johnson, 2014: 43). As Liu et al. indicated, communication is central to safe medication management. For instance, since nurses spend most of their time at the patient bedside, they should have a profound influence on patient care and decision-making (2012: 941, 951). Hence it is stated that nurses should be aware of the concept of health literacy, “how low health literacy can be a significant barrier to health consumers accessing safe and effective health care, and that low health literacy can contribute to poorer outcomes” (Johnson, 2014: 43).

There are plenty of studies regarding overcoming health literacy barriers. According to Mancuso (2011), efforts to overcome health literacy must be two-way; attendant to community needs, but also adding to provider knowledge and understanding. Understanding the complex interplay between culture, social context and health care is vital to providing effective health education programs that build trust, communication, collaboration and community capacity to engage in the health care system. Thus building health literacy program requires an understanding of the cultural and sociopolitical constructs impacting health behavior.

Training and education for both health providers and health consumers seem the most important factors that would improve health literacy. Green et al. (2014) found in their study that health providers felt health literacy was important, but they did not routinely consider health literacy in patient care and lacked the knowledge, familiarity and confidence to communicate with patients who may have low health literacy. As a result, the authors stated that training in clear communication improves knowledge, attitudes and skills regarding health literacy.
With the increasing recognition of health literacy as a worldwide research priority, there has already existed a great deal of studies and researches based on health literacy and health knowledge. For instance, O’Neill et al. (2014) stated that the development and refinement of indices to measure the construct was an important area of inquiry. Within this context, the authors undertook a systematic overview to identify all published self-administered health literacy assessment indices to report their content and considerations associated with their administration. Nixon and Aruguete (2010) examined both the association between participants’ knowledge and attitudes about health care reform and decision-making on how to ration health care when health care resources are limited. Bombard et al. (2013) did a research on Canadian citizens’ informed and reasoned values and expectations of personalized medicine, which promises to ensure that the most effective treatment is used in the most appropriate patients. Chau et al. (2015), on the other side, studied on the development and validation of Chinese health literacy scale for law salt consumption. The authors also indicated that there is no standard definition of health literacy. Smith (2010) illustrated in his argumentative study two examples drawn from population health initiatives in two regional health authorities in Western Canada. The author concludes that health promotion is replete with efforts and community mobilization and community development. According to the study, “the profession appears to understand and appreciate its need, both pragmatically and theoretically, to work with communities to create environments supportive of health and well-being” (Smith, 2010: 220).

Within the framework of health literacy studies, patient empowerment is assumed to have a dominating role. Schulz and Nakamoto (2013) explain that both health literacy and patient empowerment have been advanced as important determinants of a range of health-related behaviors and the outcomes of patient communication and public health efforts. The authors highlighted that communication has a central role in the field of health:

“Communication interactions between health professionals and consumers or patients are essential processes by which people are informed, educated, persuaded, and motivated to attend to their health and to engage in healthy behaviors. Understanding the processes by which these communication interactions achieve their effects must be central to advancing human health, particularly in its broader conception and it is this regard that health literacy and patient empowerment find their importance.” (Schulz and Nakamoto, 2013: 9)

While the role of health knowledge and empowerment in explaining behavioral and health outcomes are treated in depth in the literature, the combined effect of these constructs has been somehow neglected. Camerini et al. (2012) indicated in their study that health knowledge and empowerment proved to have a combined effect on health outcomes. The authors revealed that both individual cognition and psychological empowerment are relevant factors that correlate with health outcomes.

Another study based on health literacy and its importance is that Lambert and Keogh (2014) define the components of health literacy, as well as describing the extent and implications of limited health literacy for parents, caregivers and children. They identify the link between poor health literacy and health outcomes and outline a framework for adolescent health literacy. In the study, the authors stated that literacy encompasses not only reading and writing skills, but listening, speaking, numeracy and the use of everyday technology to communicate, handle information, explore new opportunities and initiate change. In other words, “health liter-
acy involves a complex set of cognitive, social and navigational skills including language proficiency, reading ability, numerical literacy and the capability to interact with healthcare employees, complete complicated documents, and understand risk and probability” (Lambert and Keogh, 2013: 37).

To sum up with a general framework, in a world threatened by emerging crises such as climate change, financial crises and the growth of non-communicable conditions, and where global human security is considered compromised by new strains of infectious diseases with pandemic potential, health systems have tended to lurch from priority to priority (http://www.who.int/healthpromotion/conferences/7gchp/track3/en/). Therefore by improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment. Health literacy goes beyond health education and individual behavior-oriented communication, and addresses the environmental, political and social factors that determine health. In conclusion, health literacy promotes empowerment, which in turn is vital for achieving the internationally agreed health and development goals as well as the emerging threats such as pandemic diseases, climate change and non-communicable diseases. (http://www.who.int/healthpromotion/conferences/7gchp/track2/en/).

3. Health literacy and health knowledge in Turkey

Health promotion is a process, which ensures to increase controls on factors that influence individuals’ health to improve their health conditions. Biomedical, behavioral and socio-environmental models are combined together in health promotion practices. Health promotion strategies were developed based upon theories, which explain individuals’ behavioral change, social change, organizational change and community health policies development. Within this context, it is prior to identify the society in order to prevent social health problems and to develop social health (Şimşek, 2013: 344, 350).

Şimşek (2013) revealed in her study, which was conducted in Şanlıurfa, five areas of health promotion strategies. These are; individual empowerment including health education and health literacy, community empowerment, health system strengthening, inter-sectoral cooperation in order to build a healthy community policies, and enhancing the capacity of health promotion.

In other respects, health communication studies include communication activities based on creating an awareness level about individuals’ and society’s beliefs, attitudes and behaviors concerning health and directing when required. Analyzing the reception about Turkish Republic Health Ministry’s campaign on smoking quit, Yıldırım Becerikli (2012) found that participants of the study thought that the public service announcement of the Ministry unsuccessful. Giving direct messages annoys the audience and it is claimed that highlighting the financial damage, passive smoking or damage to beauty would generate more successful consequences rather than giving messages full of fear and death. It is understood from the study’s conclusion that health communication activities (hence health literacy as well) are required feedback and perception based practices in order to be more efficient and to create behavioral changes in the society.

There are also found several researches in terms of health literacy and health knowledge level in Turkey, which are evaluated towards different health areas. For instance, Top and Tekingündüz (2014) investigated nurses’ perceptions about the culture of patient safety in a Turkish public hospital. In recent years, sensitivity towards patient safety has increased among physicians, nurses and other health care providers in the Turkish health system. Hence, patient
safety is supposed to be a top strategic priority in health care systems. The authors’ study demonstrates that there should be blame-free systems in order to identify threats to patient safety, sharing information and learning from events. To improve the patient safety level, nurses’ perceptions regarding patient safety is essential since they are important for the improvement of the patient safety culture in health care organizations.

Another research is about the spoken knowledge of low literacy in patients with diabetes (Güler and Oğuz, 2011). The research determines the diabetes knowledge of patients with low level of education diabetes. According to the findings, diabetes knowledge increases with higher level education and younger ages, while the elderly and individuals with low education have insufficient knowledge about diabetes. Likewise, low literacy level was found to be significantly associated with oral health (Nalçacı et al., 2007). The authors found that patients wait for all their teeth to be lost before they seek treatment. Many of the people who live in the rural districts of Turkey do not routinely benefit from the optimal dental service. The basic reason for this is the inequivalent distribution of the dental personnel among the regions of Tukey and the geographic unavailability of the province.

However, a study about the knowledge of “Facts for Life”, which is an essential tool for saving the lives of children, shows that the knowledge of “Facts for Life” among Turkish women is at a moderate level (Alper et al, 2005). The authors found no significant difference between educational background and knowledge levels. According to the research, older women got higher scores. It is probably because their experiences played a role since their educational level is not higher than the younger group.

In Turkey, sufficient and systematic education on matters related to reproductive health is not given at schools. Students’ reactions to puberty symptoms are shame and confusion and they want to receive education on this matter prior to the onset of puberty (Yazıcı et al., 2011). Determining the level of knowledge, the sources of information and the behavior of adolescent male and female students in Turkey on the matter of reproductive health, Yazıcı and friends recommends;

“a health course delivered in early puberty that will help adolescents get to know their own bodies and deal with the common problems during this period should be part of the formal education curriculum and the person who will teach the lesson should be a component; education should be provided to the parents, especially mothers” (2011: 225).

Another research about revealing the knowledge level on sexuality and reproductive health was conducted in Gaziantep University (Sohbet and Geçici, 2014). According to the study, students’ knowledge scores on sexuality and reproductive health is medium. Students tend to get information mostly through friends and communication tools. Therefore the authors suggest that the internet should be controlled and increased due to the fact that internet use regarding sexuality and reproductive health knowledge has grown much. In addition to this, since friends appear as an important source of information for youth, the authors also recommend volunteer students to be assigned and trained on sexuality and reproductive health.

Lastly, there is a study about the complaints of patients and their relatives about emergency service (Al et al., 2012). The study aimed to evaluate the complaints of patients and their relatives concerning emergency service staff. The authors conclude that the patients and their
relatives complain that the emergency staffs’ examinations and treatments are delayed due to the condition being considered simple. Therefore the study suggests that the continuous presence of trained senior specialists, use of approved clinical protocols and guidelines, regular training programs for clinical staff, regular monitoring and reporting of the main process quality indicators, internal audits and use of several checklists by clinical and non-clinical supervisors would decrease the complaints of health consumers (Al et al., 2012: 144).

In conclusion, today more health care consumers and providers understand that communication is a core social process in the provision of health care delivery and the promotion of public health. However, many do not always recognize that effective communication is a complex and fragile human process, which requires strategic design, careful monitoring and responsive adaptation (Kreps and Neuhauser, 2010: 329). This fact also goes for Turkey’s health system and community health care understanding. Through the health care literature, it is understood that health literacy and knowledge level in any health care area basically depends on education for both health consumers and health care providers.

4. A study about how well Turkish citizens know their body

This study aims to reveal if Karabük citizens in Turkey know about some elementary health knowledge based on human body. Therefore random street interviews were conducted on April and May 2015 in Karabük city center and at Karabük University. Karabük is a little town in the Black Sea Region of Turkey, of which population in the city center is 113,277 (https://tr.wikipedia.org/wiki/Karab%C3%BCk).

The study was grounded on two simple questions:
- What are the five sense organs?
- Where are stomach and kidneys in our body?

Within this context, a quantitative analysis was conducted in random sampling. Although approximately a thousand people were asked to answer the questions, some of them refused to answer, so that totally 636 citizens answered the two questions. The interviews were conducted in crowded places such as Karabük University’s campus and popular streets.

Since the questions are supposed to be very elementary knowledge on health, so are based on liberal education as well, missing answers in each question were accepted as false. In other words, if a participant answered four or less sense organs rather than five or if he/she could know only one organ place in the body, then the answer was marked as wrong.

5. Main findings of the study

In the study, 378 (59.4 %) of the total participants were men and the rest 258 (40.5 %) were women. The youngest interviewee was at the age of 11 while the eldest was 75, and the average age of the participants is 28. It is a bit significant that the average age is pretty young since 177 (27.8 %) of the participants were students who are at the ages between 11 and 22. All of the participants are at least primary school graduate, which means total of them are literate.

315 participants were answered the first question, which is related to five sense organs, correctly. That is to say, nearly half of the sample (49.5 %) could know the five sense organs in the body. On the other hand, the rate of the male participants, who gave correct answer to the first question, is higher than females. 183 male participants (48.4 % of males) knew the question while the women rate is 51.1 %. Some of the respondents who could not know all of the sense
organs, answered brain, eyebrow, throat, foot as one of the sense organs. The most hesitated sense organ was skin.

As to second question, which is about the places of stomach and kidneys in human body, total 346 participants (54.4 %) answered correctly. That means participants tend to know where the main organs place in our body better than sense organs. 62.7 % of female participants knew the place of both of the organs while the rate of the male respondents is 48.6 %. It was noted in the wrong answers that the kidneys were placed above the urinary bladder or just on the lateral sides and the stomach was placed instead of intestines or in the rib cage area.

Totally 267 respondents knew both of the two questions of which the rate is 41.9 %. 48.3 % of them were women and 51.6 % of the participants who answered both of the questions correctly were men. On the other side, 3.9 % of the total respondents could not answer either of the questions.

6. Conclusion and discussion

As understood from the findings of the study, the basic knowledge about human body is quite at low level that the better part of the respondents could not answer the both of the questions totally correct and correct answers for each question are at moderate level since the percentages are approximately in half.

In Turkey, basic health knowledge such as identifying five sense organs or places of some main organs in the human body are included in primary school curriculum so that being primary school graduate was taken into account and there were not any illiterate respondent in the study. However it is thought that such elementary knowledge is forgotten since it is not considered important and supported during education life and by social progress strategies such as life-long learning programs.

In fact, this basic health knowledge is vital for health consumers uppermost in identifying their health problem clearly while –for instance- consulting hospitals or physicians. This sort of capacity would ensure not only economic saving but also saving of time while delivering quick and true diagnosis.

In order to improve and develop individual and community health care and to encourage health promotion, not only health consumers but also health care providers are needed to be trained in health literacy and coordinated within the every segment of the health care system. Within this framework, building on community strengths and taking the opportunity of educating providers on health literacy needs of communities are the means of overcoming health literacy barriers, which cause health disparities. Building the trust and community capacity to engage with the health care system is an evolutionary process (Mancuso, 2011: 65).

As Salerno indicates, there is a need to redesign health care systems so that this would involve the development of integrated care models, which are closely oriented to the needs of health consumers, multidisciplinary, coordinated and accessible, as well as anchored in community and home care settings. Primarily, health information technology can play an important role in addressing high quality health care systems and health promotion (Salerno, 2015).

Moreover, with the growth of new and influential health information technology opportunities, designing e-health tools, which communicate effectively with a diverse array of health care consumers, providers and policy makers, require more heavy responsibility. As most of the world’s populations enthusiastically embrace the internet –and social media as well- the major-
ty are seeking to improve their own and their family’s health. The development, adoption and implementation of e-health applications holds tremendous promise to increase health consumer and provider access to relevant health information, enhance the quality of health care, reduce health care errors, increase collaboration and encourage the adoption of healthy behaviors (Kreps and Neuhauser, 2010). These e-health applications may include online health information websites and social media channels, interactive electronic health records, health decision support programs, health care training programs, health care system portals and online forums, and mobile health care applications.

However, the knowledge about the relationship between health related activities on the internet and individuals’ control over their own experiences of health or illness is valuable but scarce even in European countries (Santan et al., 2011). According to Andreassen et al. (2007), in European countries, the most common way to use the internet in health matters is to read information, using the net to decide whether to see a physician and to prepare for and follow up on physicians’ appointments.

Therefore, analyzing citizens’ online interactions and feedbacks in terms of health care consumption and within this context, engaging and implementing online applications, mobile applications and social media practices will be profoundly essential for health promotion and increasing health literacy.

According to WHO, Turkey has transformed its health system and achieved impressive health gains as results of comprehensive reforms of the health system (Johansen, 2015). Yet it is required an integrated, interactive and coordinated studies and practices in order to improve health literacy and health knowledge and thus to enhance health promotion for the community health.

References
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