AİLE SAĞLIĞI MERKEZLERİNE BAŞVURAN HASTALARIN DEMOGRAFİK ÖZELLİKLERİ VE SAĞLIK OKUR YAZARLIKLARI ARASINDAKİ İLİŞKİNİN BELİRLENMESİ

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ÖZET

Sağlık okuryazarlığı, hastaların hizmetleri algılama becerilerini ifade ederken, kişinin sağlık durumunun belirleyicisi olabilme özelliği de gösterebileceği bir gerçektir. Bu öneminden dolayı, toplumumuzdaki sağlık okuryazarlığı durumunun kısıtlılıklar dahilinde tespitini gerçekleştirmek amacıyla, aile sağlığı merkezlerine başvuran hastaların, bazı sosyo-demografik özelliklerinin çeşitli sağlık okuryazarlığı davranışlarıyla ilişkisinin belirlenmesi amaçlanmıştır. Bu amaçla, Ankara ili Keçiören ilçesinde halen faaliyette olan 8 adet aile sağlığı merkezine hizmet almak için başvuran toplam 480 hasta ile çalışma gerçekleştirilmiştir.

Araştırma sonucunda, lisansüstü eğitim seviyesine sahip hastaların daha fazla ilaç prospektüsü okuma alışkanlığının olduğu görülürken, 999 TL ve altı geliri bulunan hastaların daha az ilaç prospektüsü okuma alışkanlığının olduğu, ilaç prospektüslerini ve hastalıkları ile ilgili verilen broşürleri daha az anlayabildikleri tespit edilmiştir. Erkek hastaların ilaç prospektüslerini daha iyi anlayabildikleri ve hastalıkları ile ilgili verilen broşürleri daha fazla okudukları tespit edilmiştir.

Anahtar Kelimeler: Aile Hekimliği, Sağlık ve Okuryazarlık

INTRODUCTION

While the providers of healthcare services are specialized people with their special knowledge and skills, the people who apply to health institutions cannot know exactly the type of service they will receive. Thus,

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the concept of health literacy demonstrating patients' skills of perceiving healthcare services arises. Health literacy is an individual's medical knowledge and skill of perceiving healthcare services necessary for him/her to make correct decisions in relation to his or her health status. Such factors as the prominence of preventive health services, individuals' low levels of health literacy, abundance of technical terms, knowledge asymmetry, rise in health expenditures, cause health literacy to gain importance.

THE CONCEPT OF FAMILY PRACTICE, AND FAMILY PRACTICE IN TURKEY

According to family practice application regulations (2015), family doctors are " the specialized doctors who are liable to offer full time personal preventive health services, primary diagnosis, treatment and rehabilitation services to any one regardless of their age, gender and illness comprehensively and constantly in a specified location or when necessary in the form of mobile health services" (Parchman and Burge, 2004: 22).

Family practice deals with all health problems of all individuals, whoever they are; and thus it is the first point of contact with the health system of a society. A service easy to access geographically, economically and culturally is offered by means of the system of family practice. The services offered are individual-centered, are shaped according to patients, and are based on confidentiality. Family practitioners serve in cooperation with other medical staff and with other disciplines (Ünalan, 2004: 12-13).

The inclusion of the concept of family practice for the first time on the code for medicine on 5th of July 1983 was regarded as a starting point. The department of Family Practice was first founded in the Medical School of Gazi University in 1984 (Şişman, 2010: 35-36). The duration of education for specialization in the field of family practice is 3 years in Turkey. The first implementation of family practice started in Düzce on September 15 2005, and it spread across Turkey by the end of 2010 (Ünlüoğlu, 2012: 4-6).

Preventive health services are provided by community health centers and family health centers in Turkey (Family Practice Application Regulations, 2015). According to the latest data on health statistics, there are 6,756 family health centers, and 21,175 family practitioners. The number

of patients per family practitioner is 3,621. The number of patients consulting to family practitioner is 212,318,024.

In Turkey, patients do not need to get a referral from family doctors to utilize from secondary healthcare services. Services provided in family practice are free of charge, and no social security is required. The payment for prescriptions, on the other hand, differs according to the type of social security of individuals or whether or not they have social security (Koç, 2014: 17). In order to utilize from primary healthcare services, they have to be registered by family doctors. They can choose their own family doctor. Unless there are obligatory cases, family doctors cannot be changed for three months (Family Practice Application Regulations, 2015).

HEALTH LITERACY

The term health literacy was first used in 1974 by Simon in the book entitled "Health Education as Social Policy" (Üçpınar, 2014). According to American Medical Association, health literacy is "the constellation of skills involving performing such basic reading and numerical skills as reading medicine bottles and other materials related to health, and comprehending them- which is necessary for functionality in healthcare environments" (AMA, 1999:553). Health literacy, according to World Health Organization, is "the total sum of the cognitive and social skills determining the skill of and motivation to access , understand, and use the knowledge in a manner as to encourage individuals and sustain good health" (WHO Health Promotion Glossary).

Health literacy was conceptualized at three successive levels in a way increasing complexity and competence (Üçpınar, 2014). Functional/basic health literacy is the total of basic reading and writing skills in relation to health, and can also contain reading basic educational material on health (Hergenç, 2011: 58, Uğurlu, 2011:12). Interactive/communicative health literacy is the availability of developed cognition and of literacy and social skills. It is such skills as taking part in health activities and understanding messages about health. Critical health literacy is the acquisition of an upper level of developed cognition and of social abilities. This is observable mostly in health professionals (Hergenç, 2011: 58). This form of literacy involves such skills as being able to analyze health information, being able to see the social and economic definition of health,

and being able to develop the personal as well as social capacity (Uğurlu, 2011: 13).

Raising health literacy is important in using knowledge in an appropriate way and in increasing access to knowledge. It is a known fact that difficulties encountered in access to services stem by individuals' is inadequacy in health literacy. Because people are directed to an increasingly complex system of health, health literacy is important in order to be able to manage their own health better. It is pointed out that patients with low level of health literacy cannot sufficiently understand their own health problems and their treatment, and that there is the risk of deteriorating health and being hospitalized for them (Özdoğan, 2014:19).

According to Johnson (2014), patients with low level of health literacy

- Have bad health in general,
- Have higher probability of consulting to hospitals again within 30 days
- Have difficulty in managing their chronic illnesses,
- Are more likely to forget the health-related information presented to them after leaving the health institution,
- Are more inclined to use medicine in the wrong way,
- Have lower level of demands for preventive medical care,
- Have higher rates of medical expenditure since they benefit from preventive treatment less,
- They have less knowledge about their illness,
- They are less likely to keep their appointment with their doctor.

METHOD

Purpose

This study aims to determine the correlations between the sociodemographic properties of patients consulting to family health centers and their health literacy behaviors.

Research Population and Sample

The research population was composed of patients consulting to 64 family health centers functioning in Keçiören district of Ankara as identi-

fied on the web page of Ankara Public Health Directorate on November 11 2014. The research sample was composed of patients who went to randomly chosen 8 family health centers between December 1th 2014 and January 1th 2015, between hours 09.00 – 11.00 and 14.00 – 16.00, and who agreed to take part in the research. The research was conducted with a total of 480 families volunteered to participate in the research.

Data Collection Tool

The question form containing questions on participants' socio-demographic properties as well as their literacy and health literacy behaviors developed by Üçpınar (2014) was adapted and used in this research. The adapted tool of data collection included 24 questions. The Cronbach Alpha coefficient for the questions was found as 0.833; which demonstrated that the measurement tool was reliable. In questions- for which five-pointed Likert type scaling was used- scoring was in the form of: 5= Always, 4= Often, 3= Sometimes, 2= Rarely, 1= Never.

Data Analysis

The SPSS 17 program was employed in performing the statistical analyses. Descriptive statistics were used in analyzing the participating patients' socio-demographic properties. In order to exhibit the significance of the difference between two independent sample groups' averages, the t-test was performed. One-way ANOVA test was used in order to exhibit the differences between the averages of more than two sample groups. So as to find the group causing the difference when difference is available between more than two sample groups, Tukey HSD was used as the post-hoc test when the variances are homogeneous; and Tamhane was used as the post-hoc test when the variances are not homogeneous. Significance level was determined as 0.05 for all analyses.

FINDINGS

Findings Concerning Socio-demographic Properties

Table 1 shows the distribution of the patients' demographic properties in the research. Accordingly, most of them are in the 61 and above range with the proportion of 25.6%. More than half of the patients

are female (by 59.0%). On the other hand, 39.8% of them are the graduates of high school or equivalent. More than half (67.7%) of the participants are married. 25.8% stated that they were retired. As to the participants' level of monthly income, almost half of them (47.1%) were found to have an income between 1000 TL and 2999 TL. The number of people living in the house was according to 38.8%, and their family was a nuclear family according to 88.1% of the patients.

Table 1. Patients' Distribution According to Demographic Variable

Properties		**n**	**%**
Age	Below 20'	64	13.3
	21-30	91	19.0
	31-40	71	14.8
	41-50	69	14.4
	51-60	62	12.9
	61 and above	***123***	***25.6***

Table 1

Properties		**n**	**%**
Gender	***Female***	***283***	***59.0***
	Male	197	41.0
Educational Status	Literate	15	3.1
	Elementary school	56	11.7
	Secondary school	59	123
	High school or equivalent	***191***	***39.8***
	Two-year university degree	35	7.3
	Graduate degree	92	19.2
	Post-graduate degree	32	6.7
Marital Status	***Married***	***325***	***67.7***
	Single	155	32.3

Occupation	Unemployed	14	2.9
	House wife	114	23.8
	Self-employed	30	6.3
	Civil servant	59	12.3
	Worker	28	5.8
	Student	91	19.0
	Retired	***124***	***2.,8***
	Other	20	4.2
Average Monthly Income	999 TL or below	215	44.8
	1000 TL- 2999 TL	***226***	***47.1***
	3000 TL or above	39	8.1
Number of People Living In The House	1	3	0.6
	2	84	17.5
	3	151	31.5
	4	***186***	***3.8***
	5 or over	56	11.7
Type of Family	***Nuclear family***	***423***	***88.1***
	Extended family	57	11.9
TOTAL		**480**	**10.0**

Findings Concerning Literacy and Computer Literacy

Table 2 shows the data on patients' status of receiving help in reading comprehension, using a computer, and in activities related to reading and writing. According to the table, 50.8% of the patients (n=244) consider their level of reading comprehension to be good. 79.6% (n=382) say that they can use a computer, 64.4% (n=309) say that they never receive help from others in reading and writing related activities.

Table 2. Patients' Status of Receiving Help in Reading Comprehension, Computer Use and Reading-writing Related Activities, according to Their Own Statements

Reading comprehension	n	%
Perfect	130	27.1
Good	***244***	***50.8***
Medium	53	11.0
Bad	33	6.9
Very bad	20	4.2
Using a computer		
Yes	***382***	***79.6***
No	98	20.4
Reading comprehension	**n**	**%**
Receiving help		
Never	21	4.4
Often	16	3.3
Sometimes	68	14.2
Rarely	66	13.8
Never	***309***	***64.4***
TOTAL	**480**	**100**

Table 3 shows the sources through which patients access to daily news, and news on political/social events, health, healthy eating habits, exercise, and their frequency of having access to such knowledge. According to Table 3, the proportions of the patients to reach daily news and news on political/social events, health and healthy eating habits and exercise are through newspapers by 30%, the internet by 40.8%, radio and television by 53.1%, mobile phones by 27.9%, and through family members and friends by 28.3%, and they say they "always" do this. 33.5% reach such news through magazines, 32.7% through books and brochures "very rarely". 29.6% of the patients access to news on healthy eating, exercise and prevention of illnesses through newspapers, 32.5% through magazines, and 26.3% through family members and friends; and they "sometimes" do this. On the other hand, 34.8% reach the news on healthy eating, exercise, prevention of illnesses and news on some special health issues through the internet, almost half (42.7%) through radio and television, almost a quarter (24.0%) through mobile phones, and almost

half (47.7%) through health professionals, and they say they "always" do this. Of the patients 29.2% reach the news on healthy eating, exercise, prevention of illnesses and news on some special health issues through books and brochures "very rarely".

Table 3. Sources Through Which Patients Access to Daily News, and News on Political/Social Events, Health, Healthy Eating Habits, Exercise and Their Frequency of Having Access to Such Knowledge

Properties related to reaching daily information	**Always**		**Often**		**Sometimes**		**Very rarely**		**Never**		**TOTAL**	
	n	%	n	%	n	%	n	%	n	%	n	%
Newspapers	***144***	***30,0***	95	19,8	132	27,5	83	17,3	26	5,4	480	100
Magazines	52	10,8	42	8,8	148	30,8	***161***	***33,5***	77	16,0	480	100

Table 3

Properties related to reaching daily information	**Always**		**Often**		**Sometimes**		**Very rarely**		**Never**		**TOTAL**	
	n	%	n	%	n	%	n	%	n	%	n	%
The internet	***196***	***40,8***	104	21,7	59	12,3	55	11,5	66	13,8	480	100
Radio and Television	***255***	***53,1***	137	28,5	56	11,7	21	4,4	11	2,3	480	100
Books and brochures	81	16,9	61	12,7	120	25,0	***157***	***32,7***	61	12,7	480	100
Mobile phones	***134***	***27,9***	77	16,0	87	18,1	95	19,8	87	18,1	480	100
Family members and friends	***136***	***28,3***	112	23,3	108	22,5	92	19,2	32	6,7	480	100
Newspapers	119	24,8	82	17,1	***142***	***29,6***	102	21,3	35	7,3	480	100
Magazines	49	10,2	53	11,0	***156***	***32,5***	148	30,8	74	15,4	480	100
The İnternet	***167***	***34,8***	120	25,0	66	13,8	55	11,5	72	15,0	480	100
Radio and Television	***205***	***42,7***	148	30,8	84	17,5	27	5,6	16	3,3	480	100
Books and brochures	78	16,3	65	13,5	121	25,2	***140***	***29,2***	76	15,8	480	100

Mobile phones	***115***	***24,0***	91	19,0	114	23,8	82	17,1	78	16,3	480	100
Family members and friends	111	23,1	124	25,8	***126***	***26,3***	87	18,1	32	6,7	480	100
Doctors, nurses, and other health staff	***229***	***47,7***	126	26,3	67	14,0	36	7,5	22	4,6	480	100

Findings Concerning the Patients' General State of Health and suffering from an Illness

Table 4 shows the distribution of patients' characteristics of health status according to their own statement. Accordingly, 59.4% (n=285) of the patients considered their health "good". 62.1% of them (n=298) said that they did not have a diagnosed illness while 55.2% (n=265) said that the people they lived with did not have an illness diagnosed. 66.5% (n=319) said that they consulted to a family health centre "4 times or more" in the last one year due to their own or a relative's health problems.

Table 4. The Distribution of Patients' Characteristics of Health Status According to Their own Statement, and the Distribution of Their Application to Family Health Centers

Health status	**n**	**%**
Perfect	44	9.2
Good	***285***	***59.4***
Medium	145	30.2
Bad	6	1.3
Very bad	44	9.2
Diagnosed illnesses		
Yes	182	37.9
No	***298***	***62.1***
Diagnosed illnesses in the family	**n**	**%**
Yes	215	44.8
No	***265***	***55.2***

Application to family health centers in the last one year		
For the first time	37	7.7
2 times	66	13.8
3 times	58	12.1
4 times or more	***319***	***66.5***
TOTAL	**480**	**100**

Findings Concerning Health Literacy

Table 5 shows, based on the statements of patients who are taking or who have taken medicine before, whether or not they take their medicine regularly. Accordingly, 54.8% of the patients (n=263) "always" take their medicine regularly whereas 12.1% of them (n=58) did not take medicine regularly.

Table 5. Whether or Not Medicine is Regularly Taken

Taking medicine regularly	**n**	**%**
Always	***263***	***54.8***
Often	100	20.8
Sometimes	42	8.8
Rarely	17	3.5
I did not take medicine regularly	58	12.1
TOTAL	**480**	**100**

Table 6 shows based on the statements of patients who are taking or who have taken medicine before, whether or not they can read and comprehend prospectuses. Accordingly, 52.6% of the patients (n=222) can comprehend the prospectuses of medicine prescribed to them whereas 27.5% (n=116) of them can sometimes comprehend the prospectuses.

Table 6. Whether or Not Patients Taking Medicine Regularly Can Read and Comprehend Prospectuses (N=422)

Reading prospectuses	**n**	**%**
Always	***222***	***52.6***
Often	58	13.7
Sometimes	71	16.8
Rarely	26	6.2
Never	45	10.7
Comprehending prospectuses	**n**	**%**
Always	101	23.9
Often	96	22.7
Sometimes	***116***	***27.5***
Rarely	60	14.2
Never	49	11.6
TOTAL	**422**	**100**

Table 7 shows how often the patients are given health brochures. As is clear from the table, 52.7% of the patients (n=253) said they were never given health brochures.

Table 7. How Often The Patients are Given Health Brochures

Giving brochures	**n**	**%**
Always	27	5.6
Often	31	6.5
Sometimes	76	15.8
Rarely	93	19.4
Never	***253***	***52.7***
TOTAL	**480**	**100**

Table 8 shows whether or not the patients given health brochures can read and comprehend the brochures. Accordingly, 46.7% of the patients (n=106) stated that they could always read the brochures, and 33.9% (n=77) stated that they could always comprehend the brochures.

Table 8. Whether or not the Patients Given Health Brochures can Read and Comprehend the Brochures (n=227)

Being able to read the brochures	**n**	**%**
Always	***106***	***46.7***
Often	37	16.3
Sometimes	60	26.4
Rarely	14	6.2
Never	10	4.4
Being able to comprehend the brochures		
Always	***77***	***33.9***
Often	43	18.9
Sometimes	68	30.0
Rarely	29	12.8
Never	10	4.4
TOTAL	**227**	**100**

Findings Concerning Taking Medicine Regularly

According to Table 9, a significant difference is available between age and taking medicine regularly (F= 3.759 p=0.002 ≤0.05). The difference stems from the significant difference between the answers given to the question by the "21-30" age group, the "31-40" age group (p= 0.045≤0.05), the 51-60" age group (p= 0.029 ≤0.05), and the "61 and above" age group (p= 0.024 ≤0.05). Thus, it was found that the regularity of taking medicine was lower in the "21-30" age group than in the other age groups.

Table 9. An Analysis of the Differences between Age and Taking Medicine Regularly

	Age	**n**	$\bar{x}$	**F**	**p**
Do you take your medicine regularly?	Below 20	57	4.23	3.759	.002*
	21-30	***77***	***4.17***		
	31-40	63	4.57		
	41-50	57	4.53		
	51-60	54	4.61		
	61 and above	114	4.54		
	Total	**422**	**4.44**		

***p≤0,05 significant difference**

Table 10 shows the significant difference between marital status and taking medicine regularly (t= 3.386 p= 0.001 ≤0.05). Accordingly, it was found that married patients took their medicine more regularly than the single ones. Table 10 also shows the significant difference between whether or not there are any diagnosed illnesses and taking medicine regularly (t= 5.720 p= 0.000 ≤0.05). Thus, it was found that the patients with an illness diagnosed took their medicine more regularly.

Table 10. An Analysis of the Differences between Marital Status, whether or not there are any Diagnosed Illnesses and Taking Medicine Regularly

	Marital status	**n**	$\bar{x}$	**t**	**p**
Do you take your medicine regularly?	***Married***	***285***	***4.54***	3.386	.001*
	Single	137	4.25		
	Total	**422**	**4.40**		
	Do you have any illnesses diagnosed?			5.720	.000*
	Yes	***167***	***4.72***		
	No	255	4.26		
	Total	**422**	**4.50**		

***p≤0,05 significant difference**

Findings Concerning the Ability to Read and Comprehend Prospectuses

According to Table 11, there is a significant difference between patients' educational status and whether or not they can read prospectuses (F= 2.841 p= 0.010 ≤0.05). In an attempt to find the group causing the significant difference, it was found that the difference was between the "post-graduate degree" group, the "elementary school" group (p= 0.006 ≤0.05), and the "high school or equivalent" group (p= 0.040 ≤0.05). The "post-graduate" group was found to have higher level of reading medicine prospectuses. The table also shows the significant difference between average monthly income and reading medicine prospectuses (F= 8.786 p= 0.000 ≤0.05). It was found that the difference was between the "999 or below" group, the "1000 Tl- 2999TL" group (p= 0.000 ≤0.05), and the 3000 TL or above" group (p= 0.032 ≤0.05). Thus, the group of patients with 999 Tl or below income had lower level of reading medicine prospectuses than the other groups.

Table 11. An Analysis of the Differences between Educational Status, Average Monthly income, and Being Able to Read Prospectuses

	Educational status	**n**	$\bar{x}$	**F**	**p**
Can you read medicine prospectuses?	Literate	12	3.33	2.841	.010*
	Elementary school	52	3.40		
	Secondary school	48	3.96		
	High school or equivalent	166	3.87		
	Two-year university degree	30	4.20		
	Graduate degree	85	4.09		
	Post-graduate degree	***29***	***4.45***		
	Total	**422**	**3.91**		
	Average monthly income			8.786	.000*
	999 TL or below	***189***	***3.61***		
	1000 TL- 2999 TL	198	4.16		
	3000 TL or above	35	4.20		
	Total	**422**	**3.91**		

***p≤0,05 significant difference**

Table 12 shows the significant difference between gender and comprehending prospectuses (t= 2.081 p= 0.038 ≤0.05). It is clear from the Table that male patients can comprehend prospectuses better than female patients. Besides, significant differences were also found between whether or not there were any diagnosed illnesses in the family or in the people patients lived with and comprehending prospectuses (t= 2.933 p= 0.04 ≤0.05). Thus, it was found that patients having someone in the family with an illness diagnosed or patients living in the same house with someone with an illness diagnosed could comprehend prospectuses better than those who do not have such a family member or who do not live with such a person.

Table 12. An Analysis of the Differences between whether or not There are any Diagnosed Illnesses in your Family/in People you Live with and Comprehending Prospectuses

	Gender	**n**	$\bar{x}$	**t**	**p**
Can you comprehend medicine prospectuses?	Female	245	3.22	-2.081	.038*
	Male	***177***	***3.49***		
	Total	**422**	**3.36**		
	Are there any diagnosed illnesses in your family/in people you live with?			2.933	.004*
	Yes	***194***	***3.53***		
	No	228	3.16		
	Total	**422**	**3.35**		

***p≤0,05 significant difference**

Table 13 shows the availability of the significant difference between average monthly income and comprehending prospectuses (F0 11.639 p= 0.000 ≤0.05). It was found that the significant difference was between the "999 or below" income group, the "1000 TL- 2999 TL" income group (p= 0.000 ≤0.05), and the "3000 TL or above" income group (p= 0.000 ≤0.05). Thus, it was found that the patients in the "999 TL or below" income group could understand prospectuses at lower levels than the patients in the other income groups.

Table 13. An Analysis of the Differences between Average Monthly Income and Comprehending prospectuses

	Average monthly income	**n**	$\bar{x}$	**F**	**p**
Can you comprehend medicine prospectuses?	***999 TL or below***	***189***	***3.03***	**11.639**	**.000***
	1000 TL- 2999 TL	198	3.52		
	3000 TL or above	35	3.94		
	Total	**422**	**3.33**		

***p≤0,05 significant difference**

Findings Concerning Ability to Read and Comprehend the Brochures about Illnesses

Table 14 shows the significant difference between gender and the ability to read the brochures about ilnesses (t= 2.081 p= 0.039 ≤0.05). It was found that male patients read prospectuses more.

Table 14. An Analysis of the Difference between Gender and the Ability to Read Brochures about Illnesses

	Gender	**n**	$\bar{x}$	**t**	**p**
Do you read the brochures given in relation to your illness?	Female	132	3.81	**-2.081**	**.039***
	Male	***95***	***4.14***		
	Total	**227**	3.98		

***p≤0,05 significant difference**

Table 15 shows the significant difference between average monthly income and the ability to comprehend the brochures about illnesses (F= 3.764 p= 0.025 ≤0.05). In search of the group causing the significant diffe-

rence, it was found that the difference was between the "999 or below" income group and the "3000 TL or above" income group (p=0.023 ≤0.05). Thus, it was found that the patients in the "999 or below" income group could comprehend the brochures less.

Table 15. An Analysis of the Difference between Average Monthly Income and the Ability to Comprehend the Brochures about Illnesses

	Average monthly income	**n**	$\bar{x}$	**F**	**p**
Can you comprehend the brochures given in relation to your illness?	***999 TL or below***	***99***	***3.47***	**3.764**	**.025***
	1000 TL- 2999 TL	110	3.71		
	3000 TL or above	18	4.28		
	Total	**227**	**3.65**		

***p≤0,05 significant difference**

CONCLUSIONS AND RECOMMENDATIONS

This current study made an attempt to determine the correlations between the socio-demographic properties of patients consulting to family health centers and their health literacy behaviors. Most of the patients included in the research were in the 61 or above age group. More than half of them were female and were married. 39.8% of them were the graduates of a high school or an equivalent school, and almost one fourth of the patients said that they were retired. An examination of the patients' monthly income level demonstrated that almost half of them were in the 1000 TL – 2999 TL range. 38.8% stated that the number of people in their home was four, and 88.1% said that they had a nuclear family.

This research showed that 30% of patients reached daily news and the news on political and social events through newspapers, 40.8% of them through radio and television, 53.1% through their mobile phones, 27.9% through a family member or a friend. It was also found that 28.3% of the patients "always" reached such news. 33.5% of the patients said they had

access to news and the news on political and social events through magazines, and 32.7% through books and brochures; and they said they did it "very rarely". 29.6% of the patients "sometimes" reached news on healthy eating, exercise, the prevention of illnesses, and on some health issues through newspapers, 32.5% through magazines, 26.3% through family members or friends. 34.8% stated that they "always"reached the news on healthy eating, exercise, the prevention of illnesses, and on some special health issues through the internet while almost half of the patients said that they did so through radio, television and health professionals, and one fourth said that they used their mobile phones for this. 29.2% of the patients reached such news through books and brochures "very rarely".

The research findings showed that the patients in the 21-30 age range had a lower level of taking medicine regularly. It was also observed that the patients who were married and who had a diagnosed illness took their medicine more regularly. Another finding was that the patients with a family member having a diagnosed illness or those who lived with someone with a diagnosed illness could comprehend medicine prospectuses at higher levels. The patients having a post-graduate degree also had the habit of reading medicine prospectuses more. The patients in the 999 TL or below income group had the habit of reading prospectuses less, and they could comprehend prospectuses and the brochures given in relation to their illness. It was also found that male patients could comprehend medicine prospectuses better and that they read the brochures given in relation to their illness more.

Of the patients included in this research 50.8% considered their level of reading comprehension to be "good". 79.6% said that they could use a computer, and 64.4% said they never received help in activities related to reading and writing. In assessing reading skills, participants' own assessment is relied on research studies. Yet, patients with a low level of health literacy are likely to say that they are good at reading (Uğurlu, 2011: 16). In research conducted by Williams et al, where they studied the extent to which patients fulfilled the basic reading and calculations asked,

found that a considerable part of the patients were inadequate even in reading the basic medical directives and in comprehending them.

Because the interaction fields of health literacy include the system of health, social and cultural factors, and the system of education; joint work should be performed between the educational bodies and the health services system within the Ministry of Health so that health literacy could be promoted. It is considered necessary to develop the measurement tools appropriate to research the health literacy status of diverse segments of the society at socio-cultural levels, and to design systematic studies so as to raise the literacy levels of those segments.

It is important to develop individuals' health literacy behaviors for the control of chronic diseases. For this, patients should be taught the behaviors and applications that they need to fulfill in controlling their diseases through the methods they can understand. Hence, it would be more appropriate to write brochures as educational materials in simple and plain language, avoiding medical terminology which is difficult to understand. Besides, the number of research studies setting out to determine health literacy is very small in Turkey. In further studies to be conducted, emphasis should be placed on determining nationwide literacy levels, and on the necessity to determine the effects on costs.

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