## Chapter 6

# Are Adult Women or Men Who Use the Internet as a Health Information Resource More Health Literate?

### Filiz Yildirim

Ankara University, Turkey

### **Metin Cakir**

Bursa Public Health Administration, Turkey

### **ABSTRACT**

The purpose of this study was to compare health literacy of adult men and women who use the internet for health purposes. It was conducted on 229 adults, who live in Bursa, Turkey, aged 30-69. As data collecting tool, personal along with health information (seeking) forms and 14-item health literacy scale were used. The results showed that although statistically not significant, men used the internet for health purposes more when compared with women. However, it was also calculated that health literacy scores of women who used the internet as a health information resource were higher than those of men in the same category. It can be inferred in this study that women are more health literate compared to men.

### INTRODUCTION

When it is taken into consideration that health is a concept which differs by each individual, it is plausible to think that there will be differences between women and men in their diseases, health risks and attempts to protect and improve their health. According to "Health Survey 2012" (TurkStat, 2012) conducted on 14.400 households in Turkey, the ratio of males who declared their

general health status as good or very good was higher than that of females in the same group. This percentage is 80.1% for males, 67.9% for females in urban areas and 70.3% for males, 57.1% for females in rural areas. When the dispersion of the diseases and health problems diagnosed by a doctor among 15 and over age group over living area is analyzed, it can be seen that women who live in rural areas have more health problems comparing the women in the cities. When harm-

DOI: 10.4018/978-1-4666-9494-1.ch006

ful habits such as tobacco and alcohol usage are compared according to gender, the ratio of men who use alcohol and tobacco is higher than that of women. The ratio of men who use such substances daily in the cities is much higher. Regardless of living areas, the age period when first tobacco and alcohol is used is 15-19 year of age both for women and men. It was also found out that both women groups who live in the rural and cities are obese in higher proportions and have higher blood pressure, cholesterol and blood sugar levels when compared to men. Another result was that women and men in Turkey die of circulation system related health problems the most, and that the ratio of women who die of such disorders is higher than that of men (TurkStat, 2012). These variations occur in terms of health and disorders between women and men could stem from many factors. In this study, taking into account that the internet has been used intensively in Turkey for health related issues (Ozer, Santas, & Budak, 2012; Tekinet al., 2009), we tried to look into whether the internet usage can have positive or negative effects on health of women and men.

In conjunction with the improvements in the communication and technology in recent years, the internet has become a health information resource (Medlock et al., 2015). However, for some reasons such as exposure of patients to health information on the internet which is not reliable and organized properly, and their diagnosing themselves after using such inaccurate and incomplete health information or their trying to treat themselves, and in connection with these, their leaving the medical treatment incomplete or avoiding this treatment, the negative aspects of the internet usage is also being discussed nationally in Turkey (Sezgin, 2013) and internationally (Ahmad et al., 2006; Erdem, 2008). Despite these worries, like many other countries, in Turkey, the usage of the internet has also increased in recent years. When the figures of the usage of the internet between 2004-2014 are analysed, it can be seen that 16-44 age group use the internet the most, and that with 45 and over, there occurs a big decrease on the use of it. It is also known that in the group of 16-74 years of age, men use the internet more comparing to the women. The percentages of seeking health related information on the internet of those who live in the cities are higher than those who live in the rural areas. However, there has been an increase in the ratios of individuals living both in the cities and in the rural areas seeking of health information on the internet (Turkstat, 2014).

Some studies conducted in Turkey (Benker & Arikan, 2011; Bozkurt, 2012; Ugurlu, 2011; Yasin & Ozen, 2011a) showed that the internet is used searching health issues for many purposes (such as to learn the dynamics of their diseases, or to access diagnosis fast), therefore, it has prevalent potential in lessening the health inequalities and providing rapid access to health information. For instance, in Benker and Arikan's (2011) study in Turkey, it was revealed that the internet was used for information regarding diseases, drug efficiency, doctors and adverse effects of drugs. In another study (Bozkurt, 2012), which was conducted on 220 acute and chronic patients from 12 Turkish cities, using online survey technique, it was verified that patients with acute diseases consulted the internet to find the symptoms of diseases and seriousness of them. It was also found out that these patients decided whether to see a doctor after getting some information from the net and that they got access to diagnosis fast. In the same study (Bozkurt, 2012), it was determined that the patients with chronic diseases used the internet to learn the dynamics of their diseases and to make them more equipped about their diseases. Additionally, in the study of Ugurlu (2011), which was conducted on 688 individuals, who applied for the medical centres in Ankara, it was detected that almost half of the patients (48,6%) always or sometimes used the internet for the information such as diet, exercise, prevention of the diseases and some private health issues. Yet, these studies (Benker & Arikan, 2011; Bozkurt, 2012; Ugurlu, 2011) do not provide the information on the reasons why women and men 23 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/are-adult-women-or-men-who-use-the-internet-as-a-health-information-resource-more-health-literate/137959

### **Related Content**

### A Social Network Framework to Explore Healthcare Collaboration

Uma Srinivasanand Shahadat Uddin (2017). *Healthcare Ethics and Training: Concepts, Methodologies, Tools, and Applications (pp. 12-34).* 

www.irma-international.org/chapter/a-social-network-framework-to-explore-healthcare-collaboration/180577

# Barriers to Accessing Healthcare Services in Developing Nations: Reflective Lessons for the Gulf Cooperation Council Countries

Hussah Alghodaier, Lubna Al-Nasser, Ali Al-Shehri, Mohamed Khalifa, Mowafa Househ, Majid Alsalamahand Ashraf El-Metwally (2017). *Healthcare Ethics and Training: Concepts, Methodologies, Tools, and Applications (pp. 1216-1227).* 

www.irma-international.org/chapter/barriers-to-accessing-healthcare-services-in-developing-nations/180636

# Using Virtual Environments to Achieve Learner Outcomes in Interprofessional Healthcare Education

Michelle Aebersoldand Dana Tschannen (2017). *Healthcare Ethics and Training: Concepts, Methodologies, Tools, and Applications (pp. 335-357).* 

www.irma-international.org/chapter/using-virtual-environments-to-achieve-learner-outcomes-in-interprofessional-healthcare-education/180590

### Turning PAGES with Health Coaching and Family Involvement

Jennifer Lynne Birdand Eric T. Wanner (2016). Handbook of Research on Advancing Health Education through Technology (pp. 213-233).

www.irma-international.org/chapter/turning-pages-with-health-coaching-and-family-involvement/137963

### Understanding Backwards: Counseling Approaches for Advising Pre-Health Students

Julie Renee Nelson (2022). Handbook of Research on Developing Competencies for Pre-Health Professional Students, Advisors, and Programs (pp. 174-195).

www.irma-international.org/chapter/understanding-backwards/305096