


Chapter 7

Case Study on Patient Groups on Facebook in Turkey: Through the Lens of Critical Health Literacy

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ABSTRACT

Increasing prevalence of chronic diseases and ageing population necessitate access to accurate health information for better health. The internet and social media affect and transform the communication of health-related information. Online platforms are enabling patients and patient groups to find common ground to discuss their health and diseases. Focusing on disease/patient group sites, this chapter investigates these sites through analyzing their features, inclusion of social and economic determinants of health in their contents, and level of critical health literacy calling for decision and action. Furthermore, these sites and their organization structures are analyzed by netnography. The findings show that disease/patient sites on Facebook are highly benefitted as an information and experience sharing platform. However, the critical health literacy level of the contents is quite low. Therefore, the role of social media as an improvement area for critical health literacy in health communication is getting more important.

INTRODUCTION

In the twenty-first century, digitalization in health information is indispensable and inevitable that any individual can both benefit and suffer from this conversion. Tremendous growth in the use of information technologies enable everyone who has access to the Internet to seek and find information. Today, it

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is possible for anyone with internet access to diagnose oneself with any disease just by searching online their possible symptoms, interpret test results on their own or learn about better health and well-being. Is this a correct way of using health-related information on the Internet or is it harmful and abusive? In our digitalized and connected world, is searching or seeking health guidance on the Internet really helping us or directing us towards misinformation. The ongoing discussions about the use of online information is also valid for health-related information. The answers to these kind of questions are and will be the subject of other studies. This Chapter attempts to connect the significance to ‘critical health literacy’, which is gaining importance after the digitalization of health information. Understanding how we make use of available information has become vital and is a topic of concern for scholars to analyze and study from multiple perspectives.

Building on an attempt to contribute to the digital use of health information through the lens of critical health literacy, this Chapter investigates patient groups’ interactions, information exchange and communication on a widely used social media platform. The study discussed focuses on the most prevalent chronic diseases to contribute to the ‘more’ component of the broadened literacy definition in the digital age as well as engaging the social determinants of health.

Until the mid- twentieth century, infectious diseases and infant deaths were the leading causes of global mortality. Progress in health, medicine and pharmaceutical sciences and sectors, such as increased use of technology in medicine, growing funding to health sciences, advances in types and availability of medicines and vaccines, has helped in reducing and controlling epidemic diseases and their mortality/morbidity rates. Hence, chronic diseases such as cardio-vascular disease, chronic pulmonary diseases, cancer and diabetes have replaced the infectious diseases in prevalence and become the leading causes of mortalities in this era (Bilir, 2014, p.62).

Today, chronic diseases kill approximately 40 million people annually. And, this figure makes up almost 70% of all deaths around the world and 80% happen in low and middle income countries. In parallel to the global trend, the prevalence and mortality rates of chronic diseases are also increasing in Turkey. 77.5% of all deaths in Turkey occur due to chronic diseases. Among them, cardiovascular diseases, chronic obstructive pulmonary diseases (COPD), cancers and endocrine diseases like diabetes constitute the primary mortality causes (WHO, 2018, pp. 1-4).

Several factors lead to chronic diseases and for this reason chronic disease control is harder than the control of many infectious diseases. Some of these factors include an individual’s residential and work environment whereas some are related to their behavior and lifestyle. Accordingly, ensuring a balance between socio-economic status (income, education, housing, social norms), culture (media, traditions, religious affinity, values, social institutions and political system) and social networking (school, job, family, religious entities) plays a significant role.

Accurate understanding of health related messages and their implementation are important for both prevention and treatment of chronic diseases. Building this competency is relevant to the health literacy level. Health literacy implies that the ability of individuals to “*gain access to, understand and use information in ways which promote and maintain good health*” for themselves, their families and communities as health literacy defines their cognitive and social skills determining individuals, personal decision and empowerment for good health (WHO, 1998; WHO, 2013; NAP, 2004). Studies show that individuals with insufficient health literacy are also inadequate in managing their health, illness and treatment knowledge, particularly when it comes to chronic diseases (Çiler Erdağ, 2015, p. 7). As Nutbeam (2000) argues, health literacy is clearly dependent upon levels of basic literacy. While general literacy

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