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COMPLEMENTARY ALTERNATIVE THERAPY METHODS AND HEALTH LITERACY IN WOMEN OVER 65: A CROSS-SECTIONAL STUDY, TÜRKİYE

65 YAŞ ÜSTÜ KADINLARDA TAMAMLAYICI ALTERNATİF TEDAVİ YÖNTEMLERİ VE SAĞLIK OKURYAZARLIĞI: KESİTSEL ÇALIŞMA, TÜRKİYE

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ABSTRACT

Objective: In the complementary health approach, evaluating which product should be used in which treatment and the side effects of these products require a comprehensive health literacy. This study was conducted to determine the use of complementary and alternative treatment methods and the level of health literacy of women over the age of 65.

Method: The population of this descriptive study consists of female patients over the age of 65 who applied for any reason to the family medicine and internal medicine outpatient clinics of a state hospital located in the west of Marmara in Turkey between 17.05.2019 and 10.07.2019. The research was carried out with 343 women over the age of 65.

Results: It was determined that 68.2% of the women applied to CAM applications, and 56.7% were not informed about the CAM they used. The participants' Health Literacy (SSS) mean score was calculated as 91.75±19.36. It was determined that the health literacy scale mean scores of the women who were informed about the CAM method they used and who questioned the CAM method they used were higher.

Conclusion: It was determined that women over the age of 65 with low health literacy were more likely to use complementary and alternative treatment methods.

Keywords: Complementary Alternative Therapy, Health, Health Literacy, Literacy, Women.

ÖZET

Amaç: Tamamlayıcı sağlık yaklaşımında hangi tedavide hangi ürünün kullanılması gerektiğini ve yan etkilerini değerlendirebilmek kapsamlı bir sağlık okuryazarlığı gerektirmektedir. Bu çalışmada 65 yaş üstü kadınlarda tamamlayıcı ve alternatif tedavi yöntemleri kullanma durumları ve sağlık okuryazarlığı düzeylerinin belirlenmesi amacıyla yapıldı.

Yöntem: Tanımlayıcı olarak planlanan bu araştırmanın evrenini 17.05.2019-10.07.2019 tarihleri arasında batı Marmara Türkiye'de bir devlet hastanesinde iç hastalıkları ve aile hekimliği polikliniklerine herhangi bir nedenle başvuran 65 yaş üstü kadın hastalar oluştur. Araştırma 343 altmış beş yaş üstü kadın ile gerçekleştirildi.

Bulgular: Kadınların %68.2'sinin TAT uygulamalarına başvurduğu, %56.7'sinin kullandığı
TAT hakkında bilgilendirilmediği saptandı. Katılımcıların Sağlık Okur Yazarlığı (SOÖ) puan ortalaması 91.75±19.36 olarak hesaplandı. Kullandıkları TAT yöntemi hakkında bilgilendirilen ve kullandığı TAT yöntemini sorgulayan kadınların sağlık okuryazarlığı ölçeği puan ortalamalarının daha yüksek olduğu belirlendi.

Sonuç: Sağlık okuryazarlığı düşük olan 65 yaş üstü kadınların daha fazla tamamlayıcı ve alternatif tedavi yöntemlerine başvurdukları belirlendi.

Anahtar Kelimeler: Kadın, Okuryazarlık, Sağlık, Sağlık Okuryazarlığı, Tamamlayıcı Alternatif Tedavi.

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INTRODUCTION

People over the age of 65 are defined as elderly by the World Health Organization (WHO). It is estimated that 8.5% of the world population is over 65 years old and this rate will increase to 17.0% in 2050 and the number of individuals over 65 years old will reach 1.6 billion. According to the Turkish Statistical Institute; In 2016, the population over the age of 65 in Turkey increased by 17.1% in the last five years, and its ratio to the total population reached 8.3% and reached 6 million 651 thousand 503 people. It is predicted that this rate will reach 20.8% in 2050 (Koldaş, 2017).

The fact that women live longer than men and are exposed to more chronic diseases due to the increase in life expectancy from birth has led to the concept of elderly women's health. Women over the age of 65 experience health problems such as menopausal problems, vaginitis, gynecological cancers, urinary-fecal incontinence, genital organ prolapse, multiple chronic diseases, osteoporosis, and osteoarthritis. In order to cope with these problems, they use various treatment methods, and they can also apply to complementary and alternative treatment (CAM) methods (Aktaş, Şahin ve Terzioğlu, 2013).

As treatment options, CAM methods and practitioners increase in order to improve the quality of health and improve the disease, the need for more research on these issues and health literacy is increasing. Because although the benefits and side effects of complementary health approaches have not been fully proven, they are often preferred by individuals (Bains ve Egede, 2011).. Individuals have difficulty accessing accurate information amid the increasing and diversifying excess of information (Dursun, Vural at all, 2019). By improving health literacy, individuals can think critically and make informed decisions. Those who turn to traditional medical practices should have a critical level of health literacy. In the complementary health approach, which product should be used in which treatment and evaluating the side effects requires a comprehensive health literacy (Bains ve Egede, 2011).

In the literature, no study has been found on the health literacy level of elderly women who have the potential to exhibit risky behaviors in terms of CAM use and their CAM use status. Determining the relationship between the health literacy and CAM use of women over the age of 65 in this group will guide the health care to be provided. For this reason, this study was conducted to explain the relationship between complementary alternative treatment methods and health literacy of women over 65 years of age.

MATERIAL AND METHOD

Setting and Sample

This research is of crosssectional descriptive type. This study was conducted with female patients over 65 years of age who applied for any reason to the family medicine and internal medicine outpatient clinics of a state hospital in the western Marmara region of Turkey between 17.05.2019 and 10.07.2019. The polyclinic service accepts patients between 08:00-17:00. In addition, there is no CAM unit in the institution and no information is given about CAM. Between the data collection dates, 428 women over the age of 65 applied to the outpatient clinic. 27 patients came to the outpatient clinic on a stretcher, 13 patients were diagnosed with dementia and Alzheimer's, and 16 presented with severe hearing loss. 29 people did not accept to participate in the study. The number of patients we reached in this study is 343 people in total. To research; The women who were over 65 years old, had no communication problems, applied to the outpatient clinic, were not diagnosed with dementia/alzehimer, had a good level of consciousness, and agreed to participate in the study were included.

Data Collection

In order to collect the data, family medicine and internal medicine outpatient clinics were visited between 09:00 and 11:00 on weekdays between 17.05.2019 and 10.07.2019. Women over the age of 65, whose examinations were over, were taken to the rest area next to the polyclinic in order to explain the data collection forms and explanations. Data collection forms were applied in the form of one-to-one questions and answers by face-to-face interview method. It took 10-15 minutes to complete the data collection forms for each patient. The data were collected with the patient identification form and the Health Literacy Scale (SSS).

Participant Identification Form

Health Literacy Scale HLSPatient introduction form prepared by examining the literature; It consists of 23 questions to determine the sociodemographic characteristics of women over 65 years of age, their

general health status, where they can access health-related information, their use of CAM and their thoughts on CAM. [5-]

Turkey Health Literacy Scale (HLS) A health literacy scale suitable for Turkish society was developed by Sezer and Kadıoğlu (2014) (Sezer ve Kadıoğlu, 2014). The reliability and validity study of HLS in Turkey was conducted by Aras and Temel (2017) (Aras ve Temel, 2017). The Health Literacy Scale consists of four sub-dimensions and 25 items. These sub-dimensions are access to information, understanding information, valuation/evaluation, application/using. Access to Information sub-dimension includes five items. The minimum score to be taken from this sub-dimension is 5 and the maximum score is 25. The sub-dimension of understanding information includes seven items. The minimum score to be taken from this sub-dimension is 7 and the maximum score is 35. The Evaluation/ Evaluation sub-dimension contains eight items and the minimum score to be taken is 8 and the maximum score is 40. The Application/Using sub-dimension also includes five items and the minimum score to be taken is 5 and the maximum score is 25. The maximum score for the whole scale is 125, and the minimum score is 125. The higher the score, the higher the health literacy. The scale items are answered by the participants in a likert structure as "5: I have no difficulty, 4: I have little difficulty, 3: I have a lot of difficulty, 1: I have some difficulty, 2: I cannot do it / I have no ability / impossible". The application time of the tool is 5-10 minutes[6]. In the study of Aras and Temel (2017), the Cronbach Alpha value of the scale was calculated as 0.90.

Pre-application

In order to determine the functionality of the prepared patient identification form, a preliminary application was made to 10 female patients over the age of 65. Necessary adjustments were made in the questionnaire form after the pre-application. Pre-application patients were not included in the study.

Ethical Approval

Before starting this study, the approval numbered 2017-KAEK-189_2019.04.02_03 from the Clinical Research Ethics Committee of the University and the necessary permissions from the public hospital where the study will be conducted were obtained. Before starting to collect study data, the aim of the study was explained to the patients to be included in the study. Data were collected by following the ethical principles of "Informed Consent", the principle of "Confidentiality and Protection of Confidentiality" by stating that the collected information will be kept confidential, and the principle of "Respect for Autonomy" for recruiting those who voluntarily participated in the research. All rights of informed consent were obtained.

Analysis of data

The data obtained in this study were evaluated in the computer environment. In the study, the socio-demographic characteristics of the patients were considered as independent variables, and their use of HLS and CAM as dependent variables. One-Way Anova, Independent Sample T-Test, Kruskal Wallis tests were used to evaluate the data. Cronbach's Alpha value was checked to determine the internal validity and consistency of the scale. In the study, the HLS Cronbach Alpha value was calculated as 0.85. The statistical significance value was accepted as $p<0.05$.

RESULTS

Table 1. Distribution of socio-demographic characteristics of women over the age of 65 (n=346)

Demographic Features	**n**	**%**
Average age (years)	69.69±5.48	
Marital Status		
Married	277	80.1
Single	69	19.9
Economical Situation		
My income is less than my expenses	53	15.3
My income is equal to my expenses	252	72.8
My income is more than my expenses	41	11.8
Educational Status		
Illiterate	75	21.7
Literate	84	24.3
Primary school graduate	149	43.0
High school and above	38	11
Job Status		
Retired	87	25.1
Housewife	259	74.9
Smoking status		
Yes	41	11.8
No	305	88.2
Average number of cigarettes1	1.21±3.97	
Total	**346**	**100**

[1]n= Calculated over 41 people.

The distribution of socio-demographic characteristics of women over 65 is given in Table 1. The mean age of the women included in the study was 69.69±5.48 years, the income of 72.8% of them was equal to their expenses, 80.1% were married, 74.9% were housewives and 43% were primary school graduates. It was determined that 88.2% of the women did not smoke, and the average number of cigarettes per capita was 1.21±3.97 cigarettes (Table 1).

Table 2 shows the distribution of women's health status and health-related behavioral characteristics. It was determined that 81.8% of the women had chronic diseases, and these diseases were 43.4% hypertension, 30.1% diabetes mellitus, and 17.1% cardiovascular diseases, respectively. It was determined that 91.0% of the participants accessed health-related information from the doctor, 97.4% took precautions when they had a health problem, and 94.5% went to the doctor when they had a health problem.

Table 2. Distribution of health status and health-related behavioral characteristics of women over 65 years of age (n=346)

Specifications	n	%
The state of having a chronic illness		
Yes	283	81.8
No	63	18.2
Existing chronic diseases1		
Hypertension	150	43.4
Diabetes Mellitus	104	30.1
cardiovascular disease	59	17.1
rheumatological disease	33	9.5
respiratory diseases	48	13.9
cerebrovascular event	15	4.3
Liver diseases	11	3.2
kidney diseases	9	2.6
Other[2]	15	4.2
Where to find health information[1]		
Doctor	315	91.0
Family	93	26.9
TV	89	25.7
Nurse	58	16.8
Friends	37	10.7
Internet	30	8.7
The state of taking precautions when there is a health problem		
Precautionary	337	97.4
Not taking precautions	9	2.6
Precautions taken when there is a health problem [1]		
Go to the doctor	327	94.5
Applying for CAM	133	38.4
Using known medicine	79	22.8
Using the recommended drug (by a relative/acquaintance)	27	7.8
Total	**346**	**100**

[1] More than one answer was given. Percentages are taken over n=346.
[2] Thyroid Diseases, skin diseases

Table 3. Distribution of women's health literacy scale total and sub-dimensions mean scores (n=346)

	n	$\bar{X} \pm SS$	Min.	Max.
Health Literacy Scale	346	91.75± 19.36	28.00	174.00
Health Literacy Scale Sub-Dimensions				
Access to Information	346	18.92± 4.81	5.00	25.00
Understanding Information	346	23.07± 8.39	7.00	35.00
Appraisal/Evaluation	346	28.52± 7.29	8.00	40.00
Application/Using	346	21.23± 3.78	6.00	25.00

The distribution of the total and sub-dimension mean scores of the women's health literacy scale is shown in Table 3. The total mean score of the participants was calculated as 91.75±19.36, and the mean score of the sub-dimensions of HLS was calculated as 18.92±4.81, understanding information 23.07±8.39, appraisal/evaluation 28.52±7.29, application/using 21.23±3.78 (Table 3).

Table 4. Distribution of the mean scores of the health literacy scale and its sub-dimensions according to the characteristics of women regarding complementary and alternative treatment (n=346)

Survey Questions	HLS	HLS Sub-Dimensions			
		Access to Information	Understanding Information	Appraisal / Evaluation	Application/ Using
	$\bar{X} \pm SS$	$\bar{X} \pm SS$	$\bar{X} \pm SS$	$\bar{X} \pm SS$	$\bar{X} \pm SS$
Status of applying to CAM					
Applicant	90.44±17.84	19.00±4.58	22.66±7.26	27.88±6.35	20.88±3.88
Non-applicant	94.56±22.10	18.75±5.29	23.94±10.40	29.88±8.86	21.98±3.44
Test[1]	1.851	0.449	1.317	2.387	2.542
P	0.065	0.671	0.189	***0.018***	***0.011***
The situation of applying to CAM to alleviate the symptoms of the disease**					
Applicant	90.07±17.85	18.82±4.90	22.18±6.20	27.84±6.50	21.21±3.71
Non-applicant	90.90±17.90	19.23±4.15	23.27±8.41	27.93±6.18	20.46±4.06
Test [1]	0.353	0.673	1.144	0.101	1.477
P	0.724	0.502	0.254	0.920	0.141
The situation of applying to CAM to gain resistance against the disease**					
Applicant	89.97±19.54	18.75±4.76	22.64±8.43	28.01±6.46	20.56±4.15
Non-applicant	91.01±15.53	19.31±4.34	22.70±5.51	27.72±6.24	21.27±3.50
Test[1]	0.445	0.930	0.067	0.349	1.401
P	0.657	0.353	0.947	0.727	0.155
Status of applying to CAM to maintain well-being**					
Applicant	86.38±24.09	18.28±5.30	21.56±12.34	26.12±7.49	20.41±4.10
Non-applicant	91.24±16.28	19.14±4.43	22.88±5.78	28.23±6.06	20.97±3.84
Test[1]	1.558	1.077	1.040	1.901	0.828
P	0.234	0.283	0.300	0.105	0.408
Use of natural herbal products**					
Using	89.24±18.63	18.50±4.74	22.20±7.80	27.69±6.56	20.84±4.01
Not using	94.36±14.39	20.63±3.60	24.20±4.88	28.52±5.63	21.00±3.44
Test[1]	1.872	3.068	1.791	0.855	0.258
P	0.063	***0.001***	0.075	0.394	0.797
Using manipulative methods**					
Using	95.56±17.48	20.75±4.29	24.32±6.17	28.40±6.41	22.17±3.24
Not using	89.37±17.77	18.64±4.57	22.33±7.44	27.78±6.35	20.61±3.95
Test1	2.040	2.877	1.586	0.561	2.333
P	0.043	0.008	0.114	0.575	0.021
Using mind-body based apps**					
Using	101.69±16.53	22.76±2.86	26.69±4.75	31.23±7.52	21.00±4.06
Not using	89.78±17.73	18.78±4.57	22.43±7.32	27.69±6.24	20.87±3.88
Test1	2.362	3.102	2.067	1.964	0.113
P	0.019	<0.001	0.040	0.051	0.910
Frequency of using CAM**					
Continually	101.85±37.66	18.00±6.50	30.85±25.02	30.28±7.29	22.71±2.36
Often	89.57±16.89	18.90±4.41	22.11±5.87	27.54±6.01	21.01±3.98
Sometimes	90.41±17.00	19.11±4.61	22.60±6.07	27.97±6.53	20.70±3.87
Test2	1.072	0.566	0.628	1.727	2.043
P	0.585	0.754	0.730	0.422	0.360
The status of being informed about the CAM they use*					
Informed	95.65±18.60	20.00±4.58	24.57±8.46	29.51±6.57	21.55±3.68
Uninformed	86.47±16.21	18.24±4.45	21.21±5.83	26.64±5.91	20.36±3.96
Test 1	4.044	2.959	3.609	3.529	2.360
P	<0.001	0.003	<0.001	0.001	0.019

Where TAT-related products are purchased**					
Internet	94.54±13.92	20.36±3.64	24.09±5.41	29.00±5.03	21.09±3.67
Pharmacy	92.86±17.70	19.48±4.91	23.68±5.57	28.52±6.74	21.16±4.10
Herbalist	88.85±18.04	17.81±4.91	21.97±8.40	27.53±6.20	20.68±3.77
Other1	85.45±19.05	18.00±6.50	21.18±5.98	25.72±5.96	20.72±3.92
Test 3	1.353	1.122	1.254	0.961	0.272
P	0.258	0.341	0.291	0.412	0.845
Satisfaction with the CAM used**					
Satisfied	92.13±19.42	19.17±4.85	23.31±8.05	28.40±6.65	21.25±3.96*
Dissatisfied	87.50±13.28	18.72±3.64	21.83±5.68	27.83±6.23	19.11±3.49
Indecisive	88.07±15.44	18.76±4.30	21.70±5.91	26.97±5.77	20.62±3.72
Test2	5.724	1.359	2.848	4.008	8.417
P	0.057	0.507	0.241	0.135	0.015
Questioning status of the CAM method used**					
Questioning	94.24±17.00	19.71±4.53	23.95±7.54	29.06±5.97	21.52±3.53
Unquestioning	80.83±16.32	17.22±4.24	19.43±5.33	24.91±6.36	19.26±4.27
Test1	5.524	3.866	4.478	4.729	4.152
P	<0.001	<0.001	<0.001	<0.001	<0.001
Opinions on the establishment of TAT units in all hospitals					
Must be installed	91.87±19.32	18.97±4.88	23.07±7.90	28.52±7.45	21.29±3.78
Should not be installed	90.41±20.13	18.34±3.98	23.03±12.83	28.51±5.32	20.51±3.73
Test1	0.388	0.677	0.027	0.002	1.063
P	0.698	0.499	0.978	0.998	0.289

[1] Independent Sample T Test [2] Kruskal Wallis Analysis of Variance [3] One Way Anova
*The group with difference ** n=236

Table 4 shows the distribution of the mean scores of the health literacy scale and its sub-dimensions according to the characteristics of women regarding complementary and alternative treatment.

In general, using CAM, the reasons for applying to CAM (alleviating the symptoms of the disease, gaining resistance to the disease, maintaining well-being), using natural herbal products, being satisfied with the CAM used, and being aware of the CAM units established in the hospitals, are among the mean scores of the CAM. it was found that there was no statistically significant difference ($p>0.05$) (Table 4).

It was found that there was no statistically significant difference between the mean CAM scores of the establishment of CAM units in all hospitals, the frequency of using CAM and the place where CAM-related products were purchased ($p>0.05$) (Table 4).

It was determined that women who did not apply for CAM had a statistically significantly higher mean score for the sub-dimensions of access to information, according to the evaluation/evaluation, application/using and using/not using natural herbal products compared to those who applied to CAM ($p<0.05$) (Table 4).

It was determined that those who are satisfied with the CAM they use have a statistically significant higher mean of application/using than those who are not satisfied and undecided. ($p<0.05$) (Table 4).

It was determined that the mean scores of the sub-dimensions of access to information were statistically significantly higher in those who were aware of the CAM units established in hospitals compared to those who did not ($p<0.05$) (Table 4).

It was found that women who used manipulative CAM methods had a statistically significantly higher mean score for HLS and sub-dimensions of access to information, application/use, compared to those who did not ($p<0.05$) (Table 4).

It was found that women who use mind-body based applications have statistically significantly higher mean scores of HLS and sub-dimensions of accessing information, understanding information ($p<0.05$) (Table 4).

It was determined that the women who were informed about the CAM methods they used had a statistically significantly higher mean score of HLS and all sub-dimensions compared to those who were not informed ($p<0.05$) (Table 4).

It was determined that the participants who questioned the CAM method they used had a statistically significantly higher mean score of HLS and all its sub-dimensions compared to those who did not question it ($p<0.001$).

DISCUSSION

The low level of health literacy negatively affects the health of women over the age of 65 (Durusu, Yıldırım et al., 2014; Aktas, Sahin and Terzioglu, 2013). In this study, women's health literacy levels and CAM use will be discussed. In this study, it was determined that the women who did not apply for complementary and alternative treatments had a higher mean SOS score than those who applied ($p<0.05$) (Table 4). In the study of Gardiner, Filippelli et al. (2013), different from the results of this study, it was determined that the level of health literacy was higher in 68.0% of individuals who used complementary and alternative treatments and 56.0% of those who did not (Gardiner, Filippelli et al., 2013). Bains and Egede (2011) state that 75.0% of individuals have sufficient health literacy level and 80% of these individuals use alternative treatment (Bains and Egede, 2011). Owen-Smith et al. (2012) found that individuals with high health literacy had higher rates of applying to complementary alternative therapies(Owen-Smith et al., 2012). It can be thought that individuals with high health literacy have more access to CAM-related methods and are more cautious about using them.

In this study, it was determined that those who do not use natural herbal products have a higher mean score of HLS than those who use them ($p<0.05$) (Table 4). In the study conducted by Özer et al. (2013) with individuals over the age of 65, they stated that 63.0% of them used herbal treatment and 53.5% of alternative treatment methods received information from television, 69.0% from relatives, and 38.0% from newspapers and magazines (Özer et al., 2013). In the study of Bains and Egede (2011), similar to the findings of this study, the health literacy level of those who do not use herbal products was found to be higher than those who use them (Bains and Egede, 2011). Deciding which natural herbal product can be used for maintaining health or coping with disease symptoms requires serious health literacy. It is thought that women who do not use natural herbal products are more conscious about health literacy, and therefore, their mean score of HLS is higher.

In this study, it was determined that women over the age of 65 who were satisfied with the CAM they used had higher HLS than those who were not satisfied ($p<0.05$) (Table 4). No study has been found on this in the literature. However, it is thought that the higher health literacy of those who are satisfied with CAM may be due to the fact that they can access information about CAM, criticize this information, and that those who will use CAM decide after reading it in detail.

In this study, it was determined that women who used manipulative and mind-body based applications had a higher mean score of HLS than those who did not use them ($p<0.05$) (Table 4). In the study of Sağkal, Demiral et al. (2013), the most frequently used CAM methods by individuals over the age of 65 are herbal therapies, nutritional therapies, religious practices while the least frequently used practices are meditation, acupuncture, therapeutic touch/Reiki and other (bipenergy, showering). In the literature, manipulative and mind-body based applications are less referenced. For this reason, it can be thought that it may be preferred by individuals with a high level of health literacy.

In this study, it was determined that the women who were informed about the CAM method they used had a higher mean HLS score than the women who were not informed ($p<0.05$) (Table 4). There is no study about this in the literature. However, it is thought that women who were informed about the CAM method may have turned to health literacy in order to research and gain knowledge about CAM methods.

In this study, it was determined that the women over the age of 65 who questioned the CAM method they used had a higher mean score of HLS than those who did not ($p<0.001$) (Table 4). There is no study about this in the literature. It can be thought that a high level of health literacy provides the ability to think critically and criticize what they read.

CONCLUSION

As a result, it was found that as age increased, the average health literacy (HLS) scores decreased, unmarried women had lower HLS scores compared to married women, and women over 65 with income

exceeding their expenses had higher HLS scores. Women who were illiterate had lower HLS scores than those who were literate, and housewives had higher HLS scores compared to retired women. It was also found that women who smoked had higher HLS scores compared to those who did not, and women with chronic illnesses had lower HLS scores. Additionally, women who did not use the medications they knew had higher HLS scores, and women who applied complementary and alternative medicine (CAM) methods had higher HLS scores. Women who did not use herbal products had higher HLS scores, while those dissatisfied with the CAM method they used had lower HLS scores. Women who used mind-body-based practices had higher HLS scores, and women who were informed about or questioned the CAM methods they used had higher HLS scores.

Conflict of Interest

The authors declared no conflict of interest.

Author Contributions

Plan, design: F.R.Ç,R.H.A; **Material, methods and data collection:** F.R.Ç,R.H.A; **Data analysis and comments:** F.R.Ç,R.H.A; **Writing and corrections:** F.R.Ç,R.H.A.

REFERENCES

Aktaş D, Şahin E, Terzioğlu F. Kadın sağlığı açısından yaşlılık ve yaşam kalitesi. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi. 2013; 16(1): 65-71.

Araz A, Harlak H, Meşe G. Sağlık davranışları ve alternatif tedavi kullanımı. TSK Koruyucu Hekimlik Bülteni. 2007; 6(2): 112-122.

Bains SS, Egede LE. Association of health literacy with complementary and alternative medicine use: a cross-sectional study in adult primary care patients [Tamamlayıcı ve Alternatif Tıp Kullanımı ile Sağlık Okuryazarlığı Derneği: Yetişkin Birinci Basamak Hastalarında Kesitsel Bir Çalışma]. BMC Complementary Alternative Medicine. 2011; 11:138.

Durusu TM, Yıldırım HH, Demiray Ready N, Çakır B, Akalın EH. Türkiye sağlık okuryazarlığı araştırması. 2012; http://www.sagliksen.org.tr/MediaContent/vYcK-1419245270-mA5r.pdf Accessed 18 June 2019.

Dursun S. İ., Vural B., Keskin B., Kaçar H. K., vd. (2019). Yetişkinlerde Geleneksel/Tamamlayıcı Tıp Tutumu ile Sağlık Okuryazarlığı ve Sağlık Algısı Arasındaki İlişk. Halk Sağlığı Hemşireliği Dergisi, 1(1), 1-10.

Gardiner P, Mitchell S, Filippelli AC, Sadikova E, White LF, Paasche-Orlow MK. Et Al. Health literacy and complementary and alternative medicine use among underserved inpatients in a safety net hospital [Güvenlik Ağı Hastanesinde Yaşanan Hastalarda Sağlık Okuryazarlığı ve Tamamlayıcı ve Alternatif Tıp Kullanımı]. Journal of Health Communication. 2013; 18(1): 290-297.

Koldaş ZL. Yaşlılık ve kardiyovasküler yaşlanma nedir?. Turk Kardiyol Derneği Arşivi. 2017; 45(5): 1-4.

Owen-Smith A, McCarty F, Hankerson-Dyson D, DiClemente R. Prevalence and predictors of complementary and alternative medicine use in African-Americans with acquired immune deficiency syndrome [İmmün Yetmezlik Sendromu Olan Afrika Kökenli Amerikalılarda Tamamlayıcı Ve Alternatif Tıp Kullanımının Yaygınlığı ve Belirleyicileri]. Focus Alternative Complementary Therapies. 2012; 17(1): 33-42.

Sağkal T, Demiral S, Odabaş H, Altunok E. Kırsal kesimde yaşayan yaşlı bireylerin tamamlayıcı ve alternatif tedavi yöntemlerini kullanma durumları. FÜ Sağ. Bil. Tıp Derg. 2013; 27(1): 19-26.

Sezer A, Kadıoğlu H. Yetişkin sağlık okuryazarlığı ölçeği'nin geliştirilmesi. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi. 2014; 17(3): 165-170.

Temel AB, Aras Z. Türkiye Sağlık Okuryazarlığı Ölçeği sürümünün geçerlilik ve güvenirliğinin değerlendirilmesi. Florence Nightingale Hemşirelik Dergisi. 2017; 25(2): 85-94.

Özer Ö, Şantaş F, Yıldırım HH. An evaluation on levels of knowledge, attitude and behaviour of people at 65 years and above about alternative medicine living in Ankara [Ankara'da Yaşayan Alternatif Tıp Hakkında 65 Yaş Ve Üstü Kişilerin Bilgi, Tutum ve Davranış Düzeylerine İlişkin Bir Değerlendirme]. African Journal of Traditional, Complementary and Alternative Medicines. 2013; 10(1): 134-141.