

Investigating the Relationship between Health Literacy and Health Anxiety in Special Patients Visiting Zahedan SATA Office

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Abstract

Introduction

Anxiety about health is about worrying about protecting against serious illnesses based on misinterpretations of body emotions or changes as a disease. Health anxiety is a new diagnosis in the latest US psychiatric classification that has partially replaced autism. The aim of this study was to determine the relationship between health literacy and health anxiety in specific patients referred to the SATA office in Zahedan.

Material and methods

This study is a cross-sectional (descriptive-analytical) study that was conducted cross-sectionally in 2020. The study population was 92 specific patients referred to SATA Zahedan who entered the study after reviewing the entry and exit criteria. The sampling method in this study was easy and accessible. The data included demographic information, the Health Anxiety Inventory (HAI) designed by Salkousis and Varvik in 2002, which included 18 questions, and the Health Literacy Questionnaire (HELIA), designed in 2014 by Montazeri et al., Which included 33 questions. Has been collected. Data were collected and analyzed using mean descriptive statistics, standard deviation and range of changes and independent T-test inferential tests, and

Pearson correlation coefficient in SPSS software version 21.

Results

The results showed that the average age of the clients was 42.26 29 2.29. There were 50 women (54.3%) and 42 men (45.6). The diploma and above the diploma are 54 (58.69%) and 38 (61.96%), respectively. 35 singles (38.04%) and 57 (61.96%) are married. The average score of the health anxiety of the clients is 32.92 09 2.59 and the health literacy score is 63.04%, respectively, 25% is not enough, 8.69% is excellent, 3.26% is excellent. There is an inverse relationship between health literacy and anxiety ($p < 0.005$). There was a relationship between gender and sub-component of the disease ($p < 0.005$). There was also an inverse correlation between age and sub-component. ($p < 0.005$) There was a relationship between education and decision making and behavior ($p < 0.005$). There was no significant relationship between other variables.

Conclusion

The results of the present study showed that 63.04 percent of specific patients had insufficient health literacy. Their anxiety score was moderate. Also, it showed that people with higher health literacy scores have lower health anxiety. The results showed that the average score of the disease in the relationship between health anxiety and gender differences is significant. Women are more likely to be anxious about men than men. Older people also have lower scores on health literacy. People with a bachelor's degree have higher scores on decision-making and

behavioral education. According to the results, providing various educational programs using new methods to increase the level of health literacy of the insured can reduce their anxiety. As a result, by reducing this anxiety, the mental health of the insured Improved.

Keywords

Health literacy, health anxiety, special patients

Introduction

Health literacy is a term introduced in the 1970s and its increasing importance has been demonstrated at the level of general literacy and care literacy (1). Health literacy is an important element in people's ability to participate in health and decision-making activities. Therapeutic as well as their ability to prevent disease (2). Health literacy is a global issue and according to the statement of the World Health Organization, it plays a pivotal role in determining the inequalities of health in both rich and poor countries. He also advised the countries of the world to create an association consisting of all people affected by this to monitor and coordinate strategic activities regarding the promotion and level of health literacy in different societies (4). During the last decade, the importance and low level of literacy effects Health has taken into account the health status of people in need (5). In recent years, the importance of health literacy has increased due to people's participation in decision-making and disease management. (6) Increasing health behaviors and promoting access to health care are among the health benefits of health literacy (7). Health literacy is aimed at improving patients' lives and benefiting from the health care system and their families to take more effective steps to living a healthy life (8). However, various studies have found a wide range of insufficient health literacy. Shows in different countries (9). A study conducted in 5

provinces of Iran showed that 28.1% of people had adequate health literacy, 15.30% had border health literacy and 56.6% had insufficient health literacy (10). In the study of Maurice et al. Low health is estimated at 60 percent (11). Another study found that 36 percent of adults have limited health literacy, and according to the study, women with low literacy also have low health literacy (12). . Patients with low levels of literacy are hospitalized at a higher level and stay in the hospital longer than patients with adequate health literacy (13). Low education and high age are factors related to low level of health literacy (14). Health anxiety is a disorder that is characterized by anxiety and fear of having a serious illness (15). Also elsewhere health anxiety is continuous. On the one hand, there are mild concerns related to physical emotions, and on the other hand, there are severe fears related to the health of mental employment with physical emotions (16). Statistics of mental disorders, self-perception of the patient as one of the physical disorders, the main feature of which is the constant tendency to catastrophic misinterpretation of harmless physical signs and symptoms, which is accepted as evidence of one of the dangerous diseases (18) In the Guide to the Diagnosis and Statistics of Mental Disorders, Health Anxiety Disorder and Physical Symptoms Disorder has replaced self-morbidity (19). Health concerns are a phenomenon that affects many people at some point in their lives, after experiencing unfamiliar physical symptoms or following a physical illness (20). These concerns interfere with regulation. Emotions, decreased productivity, increased risk of health anxiety, and risk to human life (21). Research has shown that self-morbidity is a common feature of many anxiety and mood disorders (22). Extensive research has shown that people with health anxiety have dysfunctional beliefs about the disease (23). Specific diseases include a range of chronic and benign diseases, including cancers, thalassemia, renal failure and diabetes (24). Since chronic

diseases cause a kind of imbalance and relaxation in people. It also affects the family and other communities as a result of economic illness (25). Various governmental and non-governmental organizations are formed and operate to improve the conditions of these patients, one of which is health insurance. Therefore, we decided to conduct a study entitled "Investigating the Relationship between Health Literacy and Health Anxiety in Special Patients Visiting the SATA Office in Zahedan".

Material and Methods

This study is a cross-sectional (descriptive-analytical) study that was conducted cross-sectionally in 1399. The study population was 92 specific patients referred to SATA office in Sistan and Baluchestan province. Entry and exit criteria include minimum diploma education, age between 18 and He has been suffering from mental illness for 65 years. After the necessary coordination, 92 eligible individuals were readily and readily available. The data were designed using demographic information, the Health Anxiety Inventory (HAI) designed by Salkousis and Varvik in 2002, which included 18 questions (26). This questionnaire includes 3 sub-components of the disease, the consequences of the disease, general health concerns. Each item of this questionnaire has four options and each option includes describing the components of health and disease as a news sentence that the subject should be one by one. Choose the sentences that best describe him. Scoring for each item ranges from zero to three. Salkoskis and Varvik (2002) obtained the test validity of this questionnaire as 0.90 and Cronbach's alpha coefficient of this questionnaire was reported from 0.70 to 0.82. They used a scale (IAS) and obtained a health anxiety questionnaire of 0.63. Also, a health literacy questionnaire (HELIA) designed by

Montazeri et al. Reading (4 questions) Access (6 questions) Comprehension (7 questions) Evaluation (4 questions) Decision making and behavior (12 questions). The score is Likert and for each item is from zero to 5 points. It is from 0.7. The data were analyzed using mean descriptive statistics, standard deviation and range of changes and independent T-test inferential tests, ANOVA, Pearson correlation coefficient in SPSS software version 21.

Results

The results showed that the average age of the clients was 42.26 29 2.29. There were 50 women (54.3%) and 42 men (45.6). The diploma and above the diploma are 54 (58.69%) and 38 (61.96%), respectively. 35 singles (38.04%) and 57 (61.96%) are married. The average health anxiety score of the clients was 32.5 09 2.92 and the health literacy score was 63.04%, respectively, 25%, 25%, and 69.8% were excellent, 3.26%. 0/005) In other words, certain patients who have higher health literacy have lower health anxiety. There was a relationship between gender and sub-component of the disease related to health anxiety ($p < 0/005$) so that women's anxiety Men are more likely to have the disease. Also, there was an inverse correlation between age and sub-components of health literacy assessment. ($p < 0/005$) So that certain patients who are younger have health literacy after evaluation more than older people There was a relationship between education and decision making and behavior related to health literacy ($p < 0/055$). So that special patients with bachelor's and higher education are more literate in terms of decision-making and behavior than people with mobile education. There was no significant relationship between other variables. ($p > 0.05$).

Table 1: frequency distribution of health literacy in special patients.

	Percent	Number	Level of health literacy
	63.04	58	Not enough
		23	Not much
		8	Sufficient
		3	Perfect

Table 2: mean score of health anxiety in special patients

Mean/ SD	Components of health anxiety
14/58±3/89	Getting sick
13/70±4/25	Sickness outcomes
18/81±2/75	General concerns of sickness

Table 3: The relationship between gender and dimensions of health anxiety in specific patients using independent T.test

p-value	f	Mean/SD	Gender	
0/01	4/33	12/23±2/28	M	Getting sick
		16/56±1/04	F	
0/46	0/87	13/23±1/21	M	Sickness outcomes
		14/10±1/15	F	
0/32	0/93	18/28±1/51	M	General concerns of sickness
		19/26±1/88	F	

According to Table 22-4: There was a significant relationship between sex and disease dimension ($p < 0.05$) and the mean score difference between the two sexes was significant ($p = 0.01$). There was no

significant relationship between gender and other aspects of health anxiety, such as disease outcomes and general health concerns ($p > 0.05$).

p-value	f	Mean / SD	Education	
0/40	1/52	9/03±1/16	Diploma	Reading ability
		10/55±1/07	Associated or higher	
0/80	0/83	14/77±1/20	Diploma	Accicibility
		13/94±1/15	Associated or higher	
0/72	0/99	15/27±1/50	Diploma	Understanding
		14/28±1/23	Associated or higher	
0/58	1/37	11/81±1/35	Diploma	Evaluation
		10/44±1/39	Associated or higher	
0/004	8/61	32/70±1/33	Diploma	Decission making behaviour
		41/31±1/68	Associated or higher	

Table 4: Relationship between education and health literacy in specific patients using independent T.test

According to Table 4: There was a significant relationship between education and decision making and behavior. ($p = 0.004$) so that the lowest score of decision and behavior was related to the diploma, and the highest score was related to the

Discussion

The aim of this study was to determine the relationship between health literacy and health anxiety in specific patients referred to the SATA office in Zahedan. The results of the present study showed that 63.4% of specific patients have insufficient health literacy. In the study of Mahdavi et al. (28) which was performed on women referring to health units, 48.6% of them have insufficient health literacy. Eidegger, conducted by Koushiar et al. On diabetic elderly people, found that 70 percent had poor health literacy, and a study of Sajjadi et al. (3) on rural rural women reported an insufficient literacy rate of 62 percent. The results of the present study are consistent. The results of the present study showed that patients' health anxiety is moderate. In the study of Babaei et al., Which was performed on nurses and normal individuals (30), health anxiety was reported to be moderate among normal people. Which is consistent with the results of the present study. In the study of Salimi et al., Which was performed on female nurses of Imam Khomeini Hospital in Tehran. (31) There is a high level of health anxiety. It is not consistent with the results of the present study. Patients and related stress associated with higher health anxiety The results of the present study showed that gender is associated with health anxiety in the dimension of disease and women are more anxious in this dimension. In the study of Dibajnia et al. Subjects of Shahid Beheshti University of Medical Sciences were performed. The relationship between patients' gender and their health anxiety was not observed, which is not consistent with the results of the present study. It can be said that due to the chronic nature of certain diseases and long-term anxiety. The results of the present study

post-diploma and higher. There was no significant relationship between education and other aspects of health literacy such as evaluation, comprehension, access, reading skills ($p > 0.05$).

showed that health literacy education is related to decision-making and behavior, and people with higher diploma and higher literacy levels have higher health literacy in this dimension. In the study, Koushiar et al. Diabetes was performed (29) showed that education is related to health literacy and people who have a higher level of literacy have higher health literacy. In another study conducted by Saeedi et al. On high school adolescents (33) showed that education Hello with a literacy level It is related to people and people who have a higher level of literacy have a higher level of health literacy. The results of the present study showed that age is related to health literacy in the evaluation dimension and people with a lower age have a higher level of literacy in this dimension. Et al., Which were performed on patients referred to Bushehr Hospital (34), the age of people with health literacy was related so that people of lower age have higher health literacy. Also in another study by Mahdavi and colleagues on women referring to Health Units (28) found that age is inversely related to health literacy, which is consistent with the results of the present study.

Final conclusion

The results of the present study showed that 63.04 percent of specific patients had insufficient health literacy. Their anxiety score is moderate. Also, people with higher health literacy scores have lower health anxiety. The results showed that the average score of the disease is related. There is a significant difference between the two sexes in terms of health anxiety. Women are more likely to be anxious about men than men. Older people also have lower scores on health literacy. People with a bachelor's degree have higher scores on decision-making and behavioral education. According

to the results, providing various educational programs using new methods to increase the level of health literacy of the insured can reduce their anxiety. As a result, by reducing this anxiety, the mental health of the insured Improved.

Suggestions

it is suggested that the content of the training be prepared in the form of a pamphlet and provided to these patients when filing a case. It is recommended to use remote education tools such as mobile phones, etc. to advance the program. It is also recommended that special patients be trained more in group form because group work leads to participation, trust and empathy, which in turn increases learning.

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