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**The Key Role of Media Literacy in the Forming of  
Critical Health Literacy: The Case of Social Media in  
Turkey**

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**Abstract.** This study emphasises critical health literacy and as a consequence, the importance of media literacy in establishing health consciousness. Health literacy is examined with critical view by this descriptive study and emphasizes the strategic role of media literacy in the development of health literacy. Turkey ranks as the second most active country in social media penetration and the study treats media literacy in Turkey *exclusively with regards to* “social media” use in Turkey and explains the reasons behind this preference with statistics. Furthermore, this study discusses the development and the spreading of critical health literacy and includes suggestions toward the goal.

**Keywords.** Critical health literacy, Media literacy, Social media.

**JEL.**

## 1. Introduction

The paradox that media qualifies as an environment where messages that may negatively affect public health can be communicated as well as those encouraging positive health attitudes and additionally its consecration to perpetuate the *status quo* in the face of public health’s pressing for social change substantiate the necessity of health literacy and as a consequence, media literacy.

The proper reception of media messages, critical scrutiny of the received data, ability to distinguish between fact and fiction, awareness of the fact that the media-curated world might not correspond to reality, mindfulness of the media’s potential to channel and to govern attention and the apprehension of the possibility that the broadcasters might be imposing their own beliefs; all stress the importance of mentioned concepts.

Contemporary health care system is a complex structure for those who benefit and/or seek to benefit from it. Today, individuals are urged to take on and accept new roles such as keeping themselves informed about the services provided, about their own responsibilities and rights, and making their own decisions concerning health. Most importantly, the beneficiaries are considered to possess sufficient knowledge and adequacy in these matters. Communicating health-related information has become a fairly difficult endeavour today. The complexity of the diagnostic process, the ever-increasing and ever-expanding pool of research findings the limited level of literacy, cultural differences, physical and cognitive transformations that depend on age and emotional states that affect listening, learning and remembering are among the reasons of this particular difficulty. The conditions for communication being far from ideal adds to the adversity of the

situation (the limited time reserved for doctor-patient communication, the emotional states that influence the patient or the information-seeker – fear and/or pain and so forth). Under these circumstances the individual is required to possess the ability to read, to understand and to utilize health information in order to make effective and appropriate decisions concerning health-matters. This also encompasses the knowledge of how to utilize and benefit from the health system. In literature, this ability is referred to as Health Literacy.

Our daily lives are surrounded by manipulative messages which reflect the contemporary life-style discourses such as aesthetic surgeries, detoxification, botox, silicon implants, anti-aging treatments, hair growth, anti-depressants, that emerge in the media that promotes the mentioned life styles, in TV series, commercials, sponsored activities, events marking special occasions, theatrical movies, product packaging, news reports, posters and online. This study concentrates on critical health literacy and as a consequence, the importance of media literacy in establishing health consciousness.

## 2. Health Literacy

‘Literacy’ traditionally refers to the individual’s ability to read and write. However, to be able to read and write does not necessarily mean that the individual is literate in matters concerning health. Health literacy exceeds beyond the ability to read and write and stretches to include skills of listening, speaking and absorbing conceptual information. For this reason, the definition of health literacy and a consolidation of the conceptual framework are necessary.

The term health literacy is used for the first time by S.K. Simonds in 1974, in Health Education as Social Policy. Addressing health education as the primary policy that influences health services, the education system and mass communication; the book defines health education as providing health education that complies with minimum acceptable standards, in all schools. These very first attempts at defining health literacy shed light on the relationship between health literacy and health education (Ratzan, 2001). In 1999, American Medical Association defined the health literacy of a patient as “The ability to read and comprehend prescription bottles, appointment slips, and other essential health-related materials”. This patient-exclusive and narrow definition was followed by the US Office of Disease Prevention and Health Promotions 2010 report titled “*Healthy People 2010*”, which defined health consciousness as “the level of individual capacity to access, to utilize and to comprehend basic health information and health services in order to make better decisions concerning health” (web15). Parvanta et al, on the other hand, defines health literacy as “to understand and use complex health information” (Parvanta, 2011). According to Ratzan, there exists an important relationship between the health system, education system, mass communications and health literacy. And health literacy is a necessity that concerns all segments of the society (Ratzan, 2001)

In Tannahill’s model of improving health, one of the three intersecting elements is health education and the others are explained as the prevention of diseases and the preservation of health. (Downie & Tannahill, 1996) Smith’s (1979) broader perspective definition of health education is: “Health education, in the broadest sense of the term, is the sum of influences that collectively determine the knowledge, beliefs and behaviours of individuals and communities concerning the development, preservation and restoration of their health. These influences consist of the formal and informal education given by the family, education offered in schools as well as wider social education that belongs to the special context of health service activities (Downie & Tannahill, 1996).

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Departing from this definition, Downie et al, treats health education as a communicative activity aiming at developing positive health benefits, preventing or minimizing objective diseases in individuals and groups. This communicative activity in question is carried out through influencing beliefs, attitudes and behaviours. At this point, the emphasis is on politicians who wield power, industrialists and other businessmen, i.e. professionals who operate outside the health services industry. A bi-directional communication is essential in health education as both ends of the process have something to learn from each other. And the aim of this bi-directional communicative activity is to increase the level of health literacy.

WHO's definition of health literacy, broader in comparison to the definitions stated above, is "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health" (Nutbeam,1998). As can be seen, cognitive abilities and social competencies are in question in WHO and Healthy People 2010's definitions, unlike those that are more clinically-oriented. Kickbusch and Nutbeam (1998) offer the following definition: "Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health." Nutbeam regards these abilities as parts of "functional health literacy" while including "interactive health literacy" that encompasses the development of personal and social abilities such as self-confidence and searching through media to locate health-related info and "critical health literacy" encompassing higher-level cognitive and communicative abilities such as proper interpretation – and evaluation - of the news broadcast by the media and the accurate interpretation of health-related information, into this classification. This serves as the point where "media literacy and "health literacy" meet. This study scrutinizes the role of media literacy in establishing health consciousness, in other words, health literacy, while focusing on critical health literacy as its basis.

### 3. The Classification of Health Literacy and Critical Health Literacy

Nutbeam stresses the crucial importance of education in the development of health literacy. He argues that this education should not be exclusively about guidance concerning the transformation of the individuals' knowledge, their understanding or their lifestyles. He claims that health education will act as an agent toward increasing awareness about social, economic and environmental factors and argues that individual and collective action should be encouraged towards facilitating the transformation of these factors. Additionally, Nutbeam has classified health education, which he believes can be increased in every age group through implementation of different educational work (Nutbeam, 2001).

*Functional literacy*, the concept Nutbeam discusses first, provides truthful information to individuals about health risks while emphasizing the proper way to use the health system. While the gains of functional literacy mostly concern the individual, its societal benefits cannot be ignored. *Interactive health literacy*, discussed in the second place, focuses on developing the knowledge capacity of the individual and to increase the individual's motivation and self-confidence. The benefits of interactive health literacy remains concerning the individual level, like the gains of functional health literacy. The final concept Nutbeam treats in his classification, *critical health literacy*, is related to the development of cognitive level and of skills which are directed towards supporting social and political action as much as individual activity. In critical health literacy, individuals are expected to

accurately interpret and evaluate the health information they obtain from health service providers and that they are exposed to by the media. When the individual assesses and questions the information, individual benefits will be accompanied by evident social benefits (Nutbeam, 2001; Osborne 2004).

An examination of the classifications of health literacy by Nutbeam (2001) and Zarcadoolas et al (2006) witnesses that the authors share a common point of view despite their attaching different names to concepts. Furthermore, the classification by Zarcadoolas et al is a broader and more developed model. Described as multidimensional, the model is comprised of four essential domains that are fundamental literacy, scientific literacy, civic literacy and cultural literacy. The authors argued that, within these four domains, literacy in one domain can compensate for the lack of literacy in another and competencies can contribute to the development of other skills of literacy. (Zarcadoolas et. al., 2005)

To summarize, as can be seen in Nutbeam and Zarcadoolas et al's classifications and their ways of expanding on these classifications, health literacy is characterized by a multidimensional quality that goes beyond the skills of reading and comprehending health-related information. This multidimensional character of health literacy exposes the depth of the issue while complicating its measuring and assessment (Sezgin, 2013).

### **4. Media Literacy as a Key Strategy in Establishing Critical Health Literacy**

For centuries, 'literacy' has been defined as the ability to read and write texts. However, in the last century, the textual discourse was replaced by the visual discourse. Media literacy is a point of view that depends on how we position ourselves vis-à-vis the media and how we interpret the meanings of the messages we are exposed to and it is defined as "comprehending the nature of media informally and critically and developing the techniques and the impact of these techniques utilized by the media". People with high-level media literacy possess an empowered, broad perspective on media. These people also possess the capacity to interpret media messages in various dimensions. People with low-level media literacy have a less empowered and limited outlook on media and can interpret only the surface meaning of a message, therefore they can offer weaker resistance to inaccurate or unhealthy depictions and this leads them to believe incorrect information and to assimilate unhealthy behaviours. The negative impact of low-level media literacy on passive consumers of media usually influences their health-related behaviours: they become prone to violence and unnecessary or harmful consumption habits. Today, the skill of 'media literacy' assist us decode not only the surface content of messages transmitted by the media, but also the significant meanings that lie deep beneath the surface. Media literacy education aims to offer a greater space of freedom to consumers of media by teaching them to analyze, to access, to evaluate and even to reproduce media (Bernhard & Cameron, 2003).

An scrutiny of the health-related information travelling across the media which can be included in the culture as a social marker of health, reveals a picture which facilitates the medicalization and the commodification of health, which is abundant in quantity yet insufficient in quality – here we can quote Futurist author John Nasbitt: "we are drowning in information yet starved for knowledge" (web11) – reflective of the 'health industry's rituals', distinguished for its sensationalism rather than its informative function, individualized and removed from the problems of public health.

Just like in the rest of the world, the new media tools are rapidly replacing the reign of traditional media in Turkey which boasts a large population of young

people and this assigns media literacy an even more critical role. Turkey has been reported to rank second in the world with regards to social media use, second only to the USA, leaving Brazil, Russia, Indonesia, India and the UK behind. It is the most active country in the world in Twitter use and ranks second in the use of Foursquare.

According to the data presented by the Turkish statistical Institute's 2013 Communication Technology Usage Survey on Households 39,5% of individuals in the 16-74 age bracket use the internet everyday or at least once a week. Regular internet use by the same age bracket during the same period is 91,6%. According to Financial Times, there are more than 30 million internet users in Turkey. This significance of the proportion of the population using the internet in Turkey serves as an important indicator of the country's people adapting themselves to the new technology ([web4](#)). The active use of the new media has turned the focus of media literacy from the dusty pages of traditional media to the flashing screens of new media. The only way to protect ourselves from the information bombardment specifically concerning health literacy, which can particularly affect the young generation, is through establishing first the media literacy and later critical health literacy.

For example: Alcohol, cigarettes, high-caffeinated energy drinks that are banned in certain countries, fast driving habits, fast-food, unnecessary aesthetic surgeries, anti-aging, detox, botox, food that includes high amounts of fats and salt, firearms etc. these are the 'human-made' risks which are reflected by the media, made widespread and imposed on us by globalisation and which threaten public health. Moreover these information are often disputed and self-contradictory. For example consumption of butter, coffee or red meat, these habits are described as healthy at times and unhealthy other times by the media. Different sources provide different types of information. In contemporary times, the control of information is established not via bans, but through various manipulations that the quality of information is made subject to, and the media that serves the establishment plays its role in this game.

### 5. Why Social Media? Statistics and Numbers

Research shows that health-related information on social media influences health-based decisions of 40% of consumers. It is in the responsibility of health industry professionals and media literacy experts to ensure patients receive accurate information and develop educational content on social media as to prevent the spread of incorrect information. These responsibilities play a critical role in the establishing of critical health literacy.

Consumers aged 18-24 consult social media on health matters twice more frequently than users in the 43-54 age bracket. Concerning health-related issues, Generation X being active in social media networks indicates a higher level of consciousness in this age group ([web5](#)).

90% of individuals aged 18-24 think that the information shared by other people on social media networks is reliable. It is a fact that the Generation Y is more active in social media. These two constitute the main target groups for long-term awareness-raising work concerning media and health literacy ([web14](#)).

According to another survey, 54% of patients feel comfortable relying on health advice their health care providers share in online communities. If the content of the online group or community comes moderated and of high-quality, most users are urged to believe that the content produced by individuals like them, originating from the crowd, is reliable. This is significantly beneficial in the development of health literacy.

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31% of Health Industry enterprises accommodate written social media guides. These applications make possible the development of health literacy (web6). 19% of smart phone users have at least one health application in their smart phones. Exercise, diet or weight loss applications rank as the most popular smart phone applications (web16).

31% of health professionals use social media to create professional networks. Thanks to these networks, individuals are informed about the specializations of health care personnel and can adopt critical outlook on certain subjects (web7).

30% of adults are open to share their health conditions with other patients, 40% with doctors, 43% with hospitals, 38% with a health insurance company, 32% with a pharmaceutical company. Gradually, social media is helping people develop opinions about transparency and truth. And this paves the way for more productive discussions and novelties addressing individual health (web8). Another research demonstrates 60% of doctors argue that social media increases the quality of the healthcare service provided to patients. This data can be interpreted as social media's success in increasing the numbers and the quality of people with health literacy (web16).

In situations where levels of media and health literacy are inadequate, the negative impact of the information bombardment in social media on individual and societal levels becomes even more dangerous. The rapid spread of (correct or incorrect) information can multiply this effect. Below are cases from the social media examined in the light of the aforementioned information:

Facebook / Quit Smoking, Win your Health: *“Smoking causes hernia! Experts state that, especially for heavy smokers, cigarettes damage the nerves feeding the peritoneal discs and cause degeneration, premature erosion and deterioration and these effects facilitate the development of hernia.”* (web3). Even though the negative effects of smoking had been well-proven by science and documented in medical literature, the news text cites no references or scientific resources supporting the claim that smoking causes above-mentioned indications.

Doğaleczane.com: The news item served under the headline *“Scientific research shows! What is the cure for hair loss? Here is the formula to solve baldness for men and women.”*, declares that the mentioned formula is reported to be invented by the firm. However it does not provide a scientific explanation and goes on to share information about the method of use and customer testimonials (web1).

CaddeMilliyet: *“Ways to prepare your skin for winter – stop aging with salmon DNA! One of the most effective anti-aging methods, salmon DNA is extracted from salmon milk. It can contain the amount of water 10 thousand times heavier than its own volume, establishes skin moisture balance, the skin renews itself...”* (web13).

The news text does not include any further information about the advertised method of cure neither it features any references to support the information it gives.

Yazar Kafe: *“Horror movies help lose weight! Experts who examined 10 different horror movies point out calorie loss varies according to movie. The top calorie-burner is Jack Nicholson's The Shining, with a record of burning 184 calories.”* (web10). is another media item lacking scientific basis.

One of the most frequently broadcast news items in the media is, without a doubt, news about foods for cancer prevention. Unfortunately, these news items have no function other than creating information pollution. The foods that are recommended without any references are so varied and incompatible with each other that people cannot reach any consensus about which food might prevent cancer. Certain resources point coffee and others wine as triggering foods while the rest claims that they are preventive foods.

The Galeri Habertürk news below has the following headline: *“Make Sure You Always Have Them in Stock When Fighting Cancer! Beware of Carrots!”* (web9)

High in A, B, C, D and E vitamins and in carotene, sugar and phosphorus content, carrot is a vegetable known for its benefits however, the news text presents it as causing cancer.

YaşamSabah: The news item with the headline “*Botox is the remedy for excessive sweating! It’s time for botoxing your armpits!*” includes a doctor’s testimonial: “I obtained excellent results applying botox especially in palms, armpits, heels and foreheads. Most of my patients enjoyed relief for about ten months. It is easy to obtain very successful results in people who have excessive sweating and in whom this manifests as a social and psychological problem. The botox injection reduces sweat and solves complains about bad smell as a result of sweating.” (web12).

This particular advertisement ran by an internet newspaper looks like it is written by a medical specialist. However, the news text does not cite any resources, sending the readers to a page on a social media network (Facebook), instead. No reference has been cited indicating such a research has ever been conducted.

The media’s nature as an environment where messages, like the ones mentioned above, prone to lead to negative health-related behaviour can be spread as rapidly as messages that can have a positive influence on public health; furthermore its resolution to preserve the *status quo* in the face of public health pressing for social change, calls for an understanding of responsibility which is laborious to realize, accommodates multiple stakeholders, values the benefit of public health above all and keeps conflicts of interest at minimum. (Çınarlı, 2007) As argued by Dr. Bekir Kuru in his statement below, first, an approach that is centred on “scientific attitude” should dominate the society:

*“[...] the public, the people usually live unaware of scientific attitudes. This attitude which we observe countless times in our daily lives is the reason the public, the people, does not comprehend several mechanisms and illnesses, due to their approach that is removed from the scientific attitude. Science is under siege. The same applies to the issue of cancer and several other illnesses. The media estranges people from adopting a scientific attitude. People do not know what kind of a process produces what and why” (Kuru, 2014).*

Education system is the means to establish the prevalence of scientific attitude. Health education and critical media education, which should be incorporated into the education system, should not be treated separately. Understanding the media system, the media culture, media habits and the structure of the media organisations in a society play a crucial role in the planning of effective health campaigns. Media literacy is necessary for critical health literacy and should be considered a strategy. The codes of the sophisticated, complex messages at times imbued with aggressive tactics broadcast by the media can be decoded and given meaning not by an equally sophisticated and passive receiver or consumer but by active individuals who know how to utilize methods such as ‘media advocacy’, to channel the power of media to transform the most important determiners of health, social and physical environment. Without a doubt, the activeness of the individuals who can use the power of media depends on the openness of Turkey’s media system to be motivated by the cause of “informing the public” (Kuru, 2014).

## 6. Conclusion

Important far beyond the limited objective of enhancing individual capacity of health consciousness, health literacy today constitutes a collective responsibility which is shared by the general public, health care providers (the state, private sector and NGOs) and the media and depends on stakeholders understanding each

other. The fulfilling of this responsibility is important with regards to the development of the individual as well as the society. The effects of limited/inadequate health literacy on people's health are considerable. The negative effects unhealthier conduct of life, lack of information concerning chronic illnesses (hypertension, diabetes), difficulty in comprehending the information provided, absence of knowledge about staying healthy and preventive health services as well as problems in making use of these services (checks, vaccine administrations, exercise programs and so forth), increase in medication errors, increase in early hospitalisation and therefore an increase in medical expenses.

In the course of the diagnostic process and treatment, patients face complicated information and decisions concerning their treatments. An insufficient level of health literacy results in unnecessary consultations, unnecessary examinations and longer durations of hospitalisation which altogether influence the diagnostics and the treatment in a negative way and these in turn lead to a loss of work force and burdens the health economy. Research shows that health expenses made for people with low-level health literacy is four times bigger than the expenses made for people who possess sufficient levels of health literacy.

Because of these problems, several countries implemented diverse programs and undertook scientific research to stress the importance of health literacy and to raise public awareness. In Turkey, the Ministry of Health, the Ministry of Family and Social Policy, the Ministry of Education and the Ministry of Labour and Social Security and certain universities have undertaken labour to develop health literacy. These, however, are far from satisfactory.

People can access health information easily via a variety of sources such as the internet, books, brochures, newspapers, magazines, radio, TV, healthcare providers, their families and friends. However, sufficient health literacy is required also in the process of accessing and evaluating this very information.

The media dimension of health literacy is as essential as its interpersonal, social and economic aspects. In order to ensure that the messages reach the target audience, the topic of health and health-related information are occasionally simplified by the media. Patients who believe that they have been thoroughly informed about serious illnesses or health problems by poring over a handful of simple explanations and refrain from seeking professional assistance or underestimate their current ailments as a result of this conviction are not uncommon. The possibility of individuals who overestimate their health knowledge after absorbing simplified or shortened health information influencing other individuals to do the same constitutes another facet of the problem that further stresses the importance of health literacy.

It is difficult for individuals with no or inadequate media literacy to resist incorrect or distorted advice served by the media. On the other hand, an individual with media literacy is able to assess the value and the validity of the information catered and proceeds to become a more effective and analytically apt media user. The fact that an individual who is unaware of the fabricated nature of the communicated information would become prone to accept it at face value and to put it in use underlines the crucial role of media literacy.

In Turkey, just like in the rest of the world, internet is regarded to be a source for health information. Searching the internet and being able to locate accurate pieces of information in a pool of data lost in the fog of information pollution requires a high level of health literacy. The most significant disadvantage of the internet with regards to health information is that the online environment accommodates a myriad of incorrect and harmful information alongside beneficial data. Because of the wide range of health information made available online and the ease and speed of access, health ranks as one of the most-searched topics



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online. This highlights the internet as an indispensable reservoir of information while bringing with it a myriad of risks.

Offering critical health and media literacy education necessitates the incorporation of activities of health-related communication into health policy aimed at increasing the level of health literacy in health policies. Individuals can make right health-based decisions only if they are able to read the media accurately. A responsible media catering correct, reliable and utilizable health information is a pre-requisite for healthy societies. Reporters and editors should take into consideration medical ethics as seriously as journalism ethics and should act with the intention of 'informing'. Educating the members of the media is as necessary as educating the consumers of media.

Education of the public and a rise in awareness around the subject of health literacy in Turkey and in similar countries can be achieved through a multidisciplinary approach and via the collaborative efforts of multiple institutions such as the Ministry of Health, Ministry of Education, Social Security Institution, the Ministry of Family and Social Policy, Universities, NGOs and Municipalities.

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