

ONLINE HEALTH LITERACY AND ITS ASSOCIATIONS WITH ANXIETY, SOCIODEMOGRAPHICS AND DENTAL STATUS: A CROSS-SECTIONAL STUDY OF HUNGARIAN ADULTS

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The World Health Organization's 1998 definition of health literacy considers health literacy as part of general literacy, which includes all the cognitive and social skills that determine individuals' motivation and ability to increase their literacy so that they can understand and use the information to achieve good health. Many publications are available in the Hungarian context as well on the factors that influence these skills: socioeconomic status, biological sex, general health, level of anxiety, etc. The results of these studies have made it clear that, as Simonds wrote as early as 1974, education to promote the search for and understanding of credible health information at an early age is needed under the auspices of health education. The aims of our study were to (1) explore sociodemographic variables that influence online health literacy; (2) determine whether there is a relationship between health literacy and dental anxiety; and (3) dental status and oral hygiene. Our cross-sectional study was conducted among adults aged 18 years and older in the summer of 2022. The online questionnaire package was completed by a total of 130 participants (females: $N = 88$, 67.7%), with a mean age of 41.8 years. The questionnaire asked for sociodemographic data, followed by questions on dental status and oral hygiene, then the eHEALS scale validated in Hungarian language assessed online health literacy, and, finally, the Modified Dental Anxiety Scale explored anxiety related to dental care. The online health literacy of our sample was found to be adequate: the mean score was 29.52 on the scale ranging from 15–40 points, while the anxiety score was 9.88 in the range of 5–25 points, i.e. the level of anxiety was not severe. The independent samples t-test showed that women scored higher on the anxiety scale and men on the health literacy scale, but these differences were not significant. Analyzing the relationships between variables, health literacy was positively correlated with higher socioeconomic status ($r = .194$, $p < .01$) and negatively correlated with the size of residence ($r = -.32$, $p < .01$). Increasing age had a negative effect on health literacy, but not significantly. Dental anxiety was also negatively associated with higher age ($r = -.191$, $p < .05$) and larger size of residence ($r = -.63$, $p < .01$), and negatively but not significantly associated with health literacy. We found that the majority of our sample, as their health literacy was found to be adequate, visit their doctor mostly on a preventive basis and their oral hygiene is acceptable. A better financial situation may provide access to higher-quality hygiene products, and smaller residence may promote higher health literacy through a more personal doctor–patient relationship. The trend-like associations of anxiety with age and health literacy may underpin the central importance of starting health education as early as possible.