

The Relationship Between Health Cognitions and Health Seeking Behavior

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| <p style="text-align: center;">Corresponding Author Pelinsu Buket DOĞANYİĞİT</p> <p style="text-align: center;">DOI https://10.48121/jihsam.1302071</p> <p style="text-align: center;">Received 24.05.2023</p> <p style="text-align: center;">Accepted 03.08.2023</p> <p style="text-align: center;">Published Online 23.10.2023</p> <p style="text-align: center;">Key Words Health, Disease, Behavior, Health Cognitions, Health Seeking Behavior</p> <p style="text-align: center;"><i>This research was presented as an abstract paper at the 8th International Health Sciences and Management Conference on May 2-6, 2023 in Trabzon.</i></p> | <p style="text-align: center;">ABSTRACT</p> <p><i>Health cognitions and health seeking behavior is a concept used to express human behavior related to disease-related situations. The common point of both concepts is aimed at fighting diseases. Therefore, it is important to determine the relationship between the two concepts. This study aims to explain the relationship between health cognitions and health seeking behavior of individuals. The sample of this study, designed by quantitative method, consists of 388 individuals aged 18 and over living in Samsun. The data were collected using the Health Seeking Behavior Scale and Health Cognition Scale with questionnaire method. The data were obtained using independent sample t-test, one-way ANOVA and Pearson correlation analysis. There was no significant difference between Health Cognitions and gender, age, marital status, income and educational status ($p>0.05$), while a significant difference was found with chronic disease ($p<0.05$). There was no significant difference between Health Seeking Behavior and gender, age, marital status, chronic disease and income ($p>0.05$), while there was a significant difference with educational status ($p<0.05$). A low-level significant correlation was found between individuals' health cognition and health seeking behaviors ($r=0.141$; $p<0.05$). As a result of the study, it was found that there was a relationship between health cognition and health seeking behavior. It is recommended to conduct further research that examines these two concepts in detail.</i></p> |
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1. INTRODUCTION

The concept of cognition is defined as the transformation of acquired experiences and events into individual thought processes by evaluating them (Gochman, 1992). The Turkish Language Institution defines the concept of cognition as "The living reaching a knowledgeable and conscious state regarding the existence of an object or event" (Turkish Language Institution, 2023). Health cognitions, on the other hand, are the cognitive processes underlying the behavior of individuals in situations related to diseases or disorders (Patel et al., 2018). This cognitive process is considered to have a dynamic structure and includes the situations of perception, interpretation, learning, problem solving, gaining experience, being creative and remembering (Akpınar, 2011). It focuses on the regulation of an individual's health, behavior change and beliefs, as well as their expectations, perceptions, values and attitudes (Gochman, 1992). It also includes beliefs and information about health and diseases. Health cognitions; the individual's health-related behaviors are evaluated, the individual's perceptions about his health, and personal tendencies to engage in certain behaviors (McMillan and Conner, 2007). Cognitive and psychological states experienced by individuals have effects on their health and behavioral patterns (Altay and Yüksel, 2019). In this respect, the importance of the concept of health cognitions has increased in recent years and has been used in various fields of study.

Being healthy is an important issue for every person. For this reason, it is likely that the search behavior will occur in matters related to the health of the person (Erdoğan et al., 2020). Remedial actions taken by individuals to find solutions to their health problems are defined as health-seeking behavior (Chrisman, 1977). It is also considered as the personal behaviors of the individual to reach the optimum level of health and to engage in health-enhancing activities (Cornally and McCarthy, 2011). They include health-related activities performed by individuals who feel unwell, feel uncomfortable, feel at risk of illness, experience symptoms of illness, or seek medical support to receive treatment (Huang et al., 2019; Ward et al., 1997). Health-seeking behavior allows the community to benefit and use health services (Almaqhawi et al., 2022). It provides early diagnosis of diseases, control and application of the right treatment method (Sun et al., 2021).

The way individuals perceive illness and health (type of illness, health system, treatment costs), distance to the health institution, socio-economic status, norms, culture and beliefs affect health seeking behaviors (Aslan et al., 2004; Hjelm and Atwine, 2011). The solution of the health problems experienced are achievable in different forms. Applying to a doctor and a health institution, searching for information on the

Internet, a recommendation from a trusted person or applying self-medication are some of the solutions (Kıraç and Öztürk, 2021). In this regard, when the literature is examined, online search, professional search and traditional search are shown among the methods of health seeking behavior. Professional health seeking behavior refers to individuals apply to health institution and receive treatment in order to restore their health, while traditional health seeking behavior includes actions that individuals take to restore their health with their own methods and herbal medicines and without resorting to any professional help. Online health seeking behavior, on the other hand, includes individuals receiving information from online platforms on the Internet about issues related to their health (Yaman and Atalay, 2020).

Health cognitions may have an impact on health seeking behavior as a psychological condition. It is due to the fact that health cognitions are based on the assumption that psychological state has an impact on health and are expressed as an important concept (Altay, 2019). In addition, the determination of health-seeking behavior and influencing factors ensures the correct use of health resources and the formation of a strong health system (Almaqhawi et al., 2022). Therefore, it is important to determine whether the psychological perception of an individual related to health has an impact on health seeking behavior. In addition, national or international studies have been found that discuss health cognitions and health seeking behavior together. Therefore, it is considered that the study findings will contribute to the literature.

The current study aimed to determine the relationship between individuals' health cognitions and health seeking behaviors. Another aim of the research was to reveal whether health cognitions and health seeking behavior of the participants differ according to their socio-demographic characteristics. In addition, national or international studies have been found discussing health cognitions and health seeking behavior together. Therefore, it is considered that the study findings will contribute to the literature.

2. MATERIALS AND METHODS

The study employed a descriptive research design. The population of the study consisted of individuals aged 18 and over residing in Samsun province. It was determined that the total population of individuals aged 18 and over living in Samsun at the time of the study was 1.050.708 (TÜİK, 2023). The sample of the study consisted of 384 individuals within the 95% confidence interval and at the 5% significance level. Within the scope of the study, a total of 388 individuals were reached through convenience sampling. The data were collected electronically through the online survey application (Google Forms). The survey form consisted of three parts. In the first part, socio-demographic characteristics of the participants (gender, age, marital

status, educational status, occupation, monthly income and chronic disease status) were included.

In the second part, The Health Cognitions Scale (HCS), which was developed by Hadjistavropoulos et al. (Hadjistavropoulos et al., 2012) and Turkish validity and reliability of which was conducted by Altay and Yüksel (2019) was included. The scale consists of 20 questions and 4 factors (awfulness of illness, likelihood of illness, difficulty coping with illness, inadequacy of health services). The scale was prepared in a 5-point Likert type (strongly disagree 1, strongly disagree 2, I am undecided 3, I somewhat agree 4, I completely agree 5). The internal consistency coefficients of the scale were calculated as 0.84 for the Difficulty Coping with the Illness sub-dimension, 0.75 for the Likelihood of Illness sub-dimension, 0.77 for the Awfulness of Illness sub-dimension, and 0.65 for the Inadequate Health Services sub-dimension.

In the third part, The Health Seeking Behavior Scale (HSBS), which was developed by Kıraç and Öztürk (2021) was included. The scale consists of 12 items and 3 sub-dimensions: online health-seeking behavior, professional health-seeking behavior and traditional health-seeking behavior. The scale is 5-point Likert type (Strongly Disagree 1, Disagree 2, Neutral 3, Agree 4, Totally Agree 5). When the results of the reliability analyzes of the scale are examined, Cronbach's Alpha coefficient is 0.726 for online health-seeking behavior, 0.720 for professional health-seeking behavior, 0.736 for traditional health-seeking behavior, and 0.755 for the whole scale.

The results of the research showed conformity with the normal distribution. Descriptive (frequency, percentage) statistical methods were used in the

analysis of the data, t-test to compare two independent groups, one-way analysis of variance (ANOVA) in comparisons of more than two groups, and Pearson Correlation Analysis to determine the relationship between the scales and sub-dimensions used in the study. The $p < 0.05$ value was taken as the significance level. SPSS Package Program was used in the analysis of the data obtained in the study.

Prior to the study was conducted, the ethics committee approval dated 30.06.2022 and numbered 2022-645 was obtained from the Social and Humanities Research Ethics Committee of Ondokuz Mayıs University. In addition, the authors were consulted and the necessary permissions were obtained before using the scales in the study.

3. RESULTS

Table 1 shows the Reliability Analysis results for the scales and their sub-dimensions.

Table 1. Reliability Analysis Results for Health Seeking Behavior and Health Cognitions Scale and its Sub-Dimensions

| Scales and Sub-Dimensions | Cronbach's Alpha |
|--------------------------------------|------------------|
| Health-Seeking Behavior Scale | 0.782 |
| Online Health-Seeking Behavior | 0.781 |
| Professional Health-Seeking Behavior | 0.830 |
| Traditional Health-Seeking Behavior | 0.647 |
| Health Cognitions Scale | 0.484 |
| Awfulness of Illness | 0.694 |
| Likelihood of Illness | 0.740 |
| Difficulty Coping with Illness | 0.820 |
| Inadequacy of Health Services | 0.746 |

Table 2. Demographic Findings

| Characteristics | Frequency n | Percentage % |
|-------------------------------|---------------------|-----------------|
| Gender | Female | 65.5 |
| | Male | 34.5 |
| Income | 0-8500 TL | 35.1 |
| | 8501-17000 TL | 38.4 |
| | 17001 TL and above | 26.5 |
| Age (avg=33,33) | Below average | 60.6 |
| | Above average | 39.4 |
| Marital Status | Single | 51.5 |
| | Married | 48.5 |
| Educational Status | Primary school | 5.9 |
| | High school | 11.6 |
| | Associate degree | 12.1 |
| | Bachelor's degree | 53.6 |
| | Postgraduate degree | 16.8 |
| Chronic Disease Status | Yes | 17.8 |
| | No | 82.2 |

According to Table 2, 65.5% of the participants are female and 34.5% are male. However, 51.5% of individuals are single and 48.5% are married. 35.1% of the participants have an income of 8500 TL and below, 38.4% of them between 8501-17000 TL and 26.5% of them have an income of 17001 TL and above. In terms of education level, 5.9% of individuals have primary school, 11.6% have high school, 12.1% associate degree, 53.6% undergraduate and 16.8% postgraduate education. 60.6% are under the age of 33.33 and 39.4% are in the age group above 33.33 years.

It was found that 17.8% of the individuals participating in the study had a chronic disease and 82.2% did not have a chronic disease.

Table 3. Descriptive Statistics

| | Min. | Max. | Mean | Std. Dev. |
|---------------------------------------------|------|------|--------|-----------|
| Health Cognitions Scale | 2.25 | 4.10 | 3.2110 | 0.31894 |
| Awfulness of Illness | 1.25 | 5.00 | 3.5090 | 0.78929 |
| Difficulty Coping With Illness | 1.00 | 5.00 | 3.3228 | 0.65229 |
| Likelihood of Illness | 1.00 | 5.00 | 2.9852 | 0.78910 |
| Inadequacy of Health Services | 1.00 | 5.00 | 2.9149 | 0.84975 |
| Health Seeking Behavior Scale | 2.00 | 5.00 | 3.7182 | 0.54380 |
| Online Health-Seeking Behavior | 1.00 | 5.00 | 3.5451 | 0.75352 |
| Professional Online Health-Seeking Behavior | 2.00 | 5.00 | 4.3479 | 0.64439 |
| Traditional Online Health-Seeking Behavior | 1.00 | 5.00 | 3.4347 | 0.79622 |

The statistics of the scores obtained from the scales and subscales were given in Table 3. The mean score obtained from the Health Seeking Behavior Scale was 3.71±0.54, the minimum value was 2.00, and the

maximum value was 5.00. The mean score obtained from the Health Cognitions Scale was 3.21±0.31, the minimum value was 2.25, and the maximum value was 4.10.

Table 4. Difference Analysis between Health Cognition Scale and its Sub-Dimensions and Demographic Variables

| Characteristics | | HCS | Awfulness of Illness | Difficulty Coping With Illness | Likelihood of Illness | Inadequacy of Health Services |
|-------------------------------|---------------------|----------------|----------------------|--------------------------------|-----------------------|-------------------------------|
| Gender | Female | 3,2024±0,30437 | 3,5551±0,74945 | 3,2943±0,65327 | 2,9823±0,79969 | 2,8858±0,84626 |
| | Male | 3,2272±0,34547 | 3,4216±0,85588 | 3,3769±0,64943 | 2,9907±0,77156 | 2,9701±0,85678 |
| t | | -0.730 | 6.214 | 0.263 | 0.503 | 0.043 |
| p | | 0.466 | 0.129 | 0.236 | 0.921 | 0.353 |
| Income | 0-8500 TL | 3,2184±0,33260 | 3,5276±0,78509 | 3,2739±0,65148 | 3,0276±0,77500 | 2,9890±0,86756 |
| | 8501-1700 TL | 3,2295±0,31500 | 3,4597±0,83072 | 3,3826±0,60268 | 2,9849±0,77994 | 2,9379±0,80008 |
| F | 17001 TL and above | 3,1743±0,30598 | 3,5558±0,73509 | 3,3010±0,71880 | 2,9296±0,82428 | 2,7840±0,88841 |
| | | 0.971 | 0.508 | 1.065 | 0.45 | 1.801 |
| p | | 0.380 | 0.602 | 0.346 | 0.638 | 0.166 |
| Age (avg=33,33) | Below average | 3,2298±0,31843 | 3,5798±0,82254 | 3,2957±0,64924 | 2,9872±0,74201 | 2,9904±0,82539 |
| | Above average | 3,1820±0,31859 | 3,4003±0,72453 | 3,3644±0,65691 | 2,9820±0,85892 | 2,7990±0,87597 |
| t | | 1.444 | 2.723 | 0.064 | 3.707 | 1.128 |
| p | | 0.150 | 0.028* | 0.312 | 0.949 | 0.030* |
| Marital Status | Single | 3,2268±0,32345 | 3,5725±0,80380 | 3,2769±0,65630 | 3,0338±0,74966 | 2,9738±0,83025 |
| | Married | 3,1941±0,31405 | 3,4415±0,76994 | 3,3717±0,64616 | 2,9335±0,82789 | 2,8524±0,86785 |
| t | | 1.006 | 0.185 | 0.013 | 1.472 | 1.038 |
| p | | 0.315 | 0.102 | 0.153 | 0.212 | 0.160 |
| Educational Status | Primary school | 3,2870±0,39721 | 3,3587±0,77175 | 3,4674±0,68280 | 2,9565±0,71371 | 3,1848±0,92692 |
| | High school | 3,2056±0,28707 | 3,2444±0,82999 | 3,4000±0,55749 | 3,1222±0,78266 | 2,8611±0,70420 |
| | Associate degree | 3,2617±0,34424 | 3,6383±0,94237 | 3,3245±0,72778 | 3,0319±0,89171 | 2,9894±0,83236 |
| | Bachelor's degree | 3,2139±0,31626 | 3,5276±0,75989 | 3,2212±0,72037 | 2,9459±0,78506 | 2,9531±0,85580 |
| F | Postgraduate degree | 3,1415±0,29429 | 3,5923±0,71065 | 0.834 | 0.834 | 0.834 |
| | | 1.407 | 2.019 | 0.504 | 0.516 | 2.077 |
| p | | 0.231 | 0.091 | 0.504 | 0.724 | 0.083 |
| Chronic Disease Status | Yes | 3,2862±0,33867 | 3,4710±0,79583 | 3,3587±0,70805 | 3,3587±0,90898 | 2,8841±0,81752 |
| | No | 3,1947±0,31268 | 3,5172±0,78889 | 3,3150±0,64052 | 2,9044±0,73776 | 2,9216,85766 |
| t | | 2.173 | 0.182 | 0.069 | 6.505 | 0.334 |
| p | | 0.030 | 0.660 | 0.615 | 0.000* | 0.740 |

*p<0,05

The findings of the comparison of demographic variables and Health Cognitions Scale were given in Table 4. There was no significancy between Health Cognitions and gender, income, age, marital status and educational status (p>0.05), while a significant difference was found with chronic disease status (p<0.05). Health Cognitions were higher in those with a chronic disease.

There was a significant difference between the Awfulness Illness and Inadequacy of Health Services subscales and age; and between the likelihood of illness and chronic disease status (p<0.05).

Table 5. Difference Analysis Between Health Seeking Behavior Scale and Its Sub-Dimensions and Demographic Variables

| Characteristics | | HSBS | Online Health-Seeking Behavior | Professional Health-Seeking Behavior | Traditional Health-Seeking Behavior |
|-------------------------------|---------------------|----------------|--------------------------------|--------------------------------------|-------------------------------------|
| Gender | Female | 3,7441±0,51782 | 3,5492±0,74468 | 4,4147±0,55401 | 3,4633±0,73748 |
| | Male | 3,6692±0,58881 | 3,5373±0,77277 | 4,2214±0,77443 | 3,3806±0,89755 |
| t | | 1.292 | 0.069 | 9.046 | 4.819 |
| p | | 0.197 | 0.883 | 0.011* | 0.361 |
| Income | 0-8500 TL | 3,6900±0,53023 | 3,4632±0,73330 | 4,3505±0,66459 | 3,4828±0,71873 |
| | 8501-1700 TL | 3,7483±0,56970 | 3,6230±0,74040 | 4,3177±0,59947 | 3,4295±0,87103 |
| | 17001 TL and above | 3,7120±0,52585 | 3,5405±0,79331 | 4,3883±0,68297 | 3,3786±0,78389 |
| F | | 0.418 | 1.607 | 0.367 | 0.506 |
| p | | 0.659 | 0.202 | 0.693 | 0.603 |
| Age (avg=33,33) | Below average | 3,7284±0,56053 | 3,5560±0,74984 | 4,3418±0,67370 | 3,4596±0,84093 |
| | Above average | 3,7026±0,51846 | 3,5283±0,76132 | 4,3573±0,59862 | 3,3965±0,72321 |
| t | | 0.455 | 0.143 | 2.737 | 4.526 |
| p | | 0.649 | 0.724 | 0.818 | 0.432 |
| Marital Status | Single | 3,7158±0,56564 | 3,5558±0,73920 | 4,3250±0,68520 | 3,4267±0,83486 |
| | Married | 3,7207±0,52105 | 3,5337±0,77028 | 4,3723±0,59878 | 3,4433±0,75508 |
| t | | -0.089 | 1.681 | 2.845 | 2.122 |
| p | | 0.929 | 0.773 | 0.470 | 0.838 |
| Educational Status | Primary school | 3,7645±0,50481 | 3,6377±0,69749 | 4,2899±0,62202 ¹ | 3,4928±0,85203 |
| | High school | 3,5204±0,57465 | 3,3333±0,76706 | 4,1037±0,69203 ² | 3,3111±0,69413 |
| | Associate degree | 3,6099±0,68787 | 3,4326±0,90200 | 4,2482±0,82669 ³ | 3,3262±1,03674 |
| | Bachelor's degree | 3,7604±0,51157 | 3,5785±0,74354 | 4,4022±0,57320 ⁴ | 3,4824±0,74623 |
| | Postgraduate degree | 3,7821±0,49007 | 3,6333±0,65828 | 4,4359±0,65331 ⁵ | 3,4256±0,80689 |
| F | | 2.575 | 1.571 | 2.661 | 0.706 |
| p | | 0.037* | 0.181 | 0.032* | 0.588 |
| Post Hoc | | | | 4>2** | |
| Chronic Disease Status | Yes | 3,6643±0,55295 | 3,4758±0,75854 | 4,3768±0,61014 | 3,3285±0,79724 |
| | No | 3,7299±0,54197 | 3,5601±0,75279 | 4,3417±0,65231 | 3,4577±0,79539 |
| t | | -0.909 | 0.048 | 0.148 | 0.080 |
| p | | 0.364 | 0.400 | 0.682 | 0.222 |

*p<0,05, **Post Hoc: Tukey

The comparison of the demographic variables and the Health Seeking Behavior Scale were given in Table 5. There was no significance between Health Seeking Behavior and gender, income, age, marital status and chronic disease status (p>0.05), while a significant

difference was found with educational status (p<0.05). Health Seeking Behavior was higher in individuals holding a postgraduate degree. A significant difference was found between professional health seeking behavior and gender and educational status (p<0.05).

Table 6. The Results of the Correlation Analysis

| | | Health Seeking Behavior | Online Health-Seeking Behavior | Professional Health-Seeking Behavior | Traditional Health-Seeking Behavior |
|---------------------------------------|---|-------------------------|--------------------------------|--------------------------------------|-------------------------------------|
| Health Cognitions Scale | r | 0,141* | 0.091 | 0,222** | 0.035 |
| | p | 0.005 | 0.074 | 0.000 | 0.497 |
| Awfulness of Illness | r | 0,128* | 0.078 | 0.077 | 0,140** |
| | p | 0.012 | 0.127 | 0.131 | 0.006 |
| Difficulty Coping with Illness | r | 0.085 | 0.067 | 0,215** | -0.070 |
| | p | 0.096 | 0.188 | 0.000 | 0.171 |
| Likelihood of Illness | r | 0.010 | 0.000 | -0.041 | 0.060 |
| | p | 0.849 | 0.999 | 0.420 | 0.241 |
| Inadequacy of Health Services | r | 0.007 | -0.004 | 0.053 | -0.014 |
| | p | 0.884 | 0.931 | 0.301 | 0.784 |

*The correlation is significant at the level of 0.05.

The findings of the correlation analysis conducted between the Health Seeking Behavior Scale and the Health Cognitions Scale were given in Table 6. A very weak positively significant correlation was found between health cognitions and health seeking behavior

(p<0.05). A very weak significant correlation was found between health cognitions and professional health-seeking behavior (p<0.05). There was a very weak significant correlation was found between awfulness illness and health seeking behavior and

traditional health-seeking behavior search ($p < 0.05$). A very weak significant correlation was found between Difficulty Coping with Illness and professional health-seeking behavior ($p < 0.05$).

4. DISCUSSION

The study aimed to examine the relationship between individuals' health cognitions and health-seeking behaviors. In this context, the health cognitions and health-seeking behaviors of the participants participating in the research were compared with their demographic characteristics.

While there was no significant difference between health seeking behavior and gender, income, age, marital status, chronic disease status; a significant difference was found with educational status. It was found that the health seeking behavior of individuals holding a Postgraduate degree was at a high level. People with a high level of educational status showed more willing and conscious behaviors in solving their own health problems, and finding appropriate treatment methods. In the subscales, a significant difference was found only between gender and educational status and professional health seeking behavior. Accordingly, it was found that females and people with a high educational level showed more professional health seeking behavior. It is considered to be associated with the fact that there is a relationship between high educational level and health literacy. The reason for the high professional health seeking behavior among females may be associated with health sensitivities of females being higher compared to males.

In a similar study, Özdemir and Arpacıoğlu (2020) could not determine a significant difference between gender and health cognitions. When the subscales were examined, a significant difference was found only between professional health seeking behavior and gender. This situation supports the findings of the current study. In contrast to the current findings, no difference was found between educational status and health seeking behavior. A significant difference was found between age and medical illness status and health seeking behavior. These findings are not consistent with the current findings. In another study, no significant difference was found between gender, age and educational status and health-seeking behavior subscales, while there was a significant difference between marital status and online health-seeking behavior (Deniz and Çimen, 2021). It can be concluded that these findings show both similar and different results with the current findings. In a study by Kıraç (2019), a significant difference were found between gender, age, educational status, income, chronic disease status and health seeking behavior. When the subscales were examined, a significant difference was found between gender and online and traditional health seeking behavior subscales; between age and all subscales; between marital status and online and

professional health seeking behavior; between educational status and online and professional health seeking behavior subscales; between income and online and traditional health seeking behavior subscales, and between chronic disease status and online health seeking behavior. In another study, no difference was determined in the health-seeking behaviors of the participants according to gender and working status, while the health-seeking behavior of the participants differed online and traditionally according to their age status. There are differences in professional and traditional health-seeking behaviors according to educational status. According to the marital status of the participants, statistical differences were found in traditional health-seeking behaviors (Özişli, 2023). Consequently, the current findings related to health seeking behavior show similarities and differences to the literature.

According to the research results, a positive and low level correlation was found between health cognitions and health seeking behaviors ($p < 0.05$; $r = .141$). It was found that when the level of health cognitions of individuals increased, a low-level increase in health seeking behaviors would occur. In the literature, a study was found in which these two variables were considered together. Atalı (2021)'s study found a significant relationship between health cognitions and health-seeking behavior, similar to the current study. In previous studies, Health Cognitions Scale was used to examine self-efficacy and health beliefs (Nordgren, et al., 2008), drug compliance and depression in hemodialysis patients in Greece (Theofilou, 2013), smoking cessation behavior (Ertaş et al., 2023), the effect of socio-economic status on participants' health behaviors and health cognitions (Schüz et al., 2020), and health anxiety and cyberchondria (Airoldia et al., 2022), determining the level of physical activity in women (Walsh and Simpson, 2020), excessive weight gain in pregnant women (De Jersey et al., 2017), stress management in children (Cheetham et al., 2016). When the field literature was examined, studies were found that developed and adapted Health Cognitions Scale (Dai et al., 2019; Karaköse and Akçınar, 2021).

In previous studies, health seeking behaviour variable was used in measuring the perspective of patients in Saudi Arabia (Almaqawi et al., 2022); in assessment of individuals according to their demographic characteristics (Deniz and Çimen, 2021); in assessment of social media use, health perception and coronavirus fear (Özdemir and Arpacıoğlu, 2020); and in determining the effect of health literacy level on healthy lifestyle behaviors (Mansur and Şimdi, 2022).

Health cognitions that reflect the beliefs of both individuals and society about the extent to which they can control and influence health outcomes determine the health seeking behavior tendencies. Individuals understanding their health behavior is an important element for the proper knowledge of the methods they

apply to solve problems, as well as for the improvement of health. It contributes to prevent health risks, to minimize disease burden, and to improve the health status of individuals and society. A good understanding of health-related behaviors, access to health information, correct treatment practices, early diagnosis of diseases, a short recovery process, and effective decision-making are achievable with a good understanding of the psychological and cognitive status. In this regard, it is recommended to increase the research that examines the two concepts in detail. Thus, it is thought that a stronger basis for future research will be provided by increasing the number of studies that address health cognitions and health-seeking behavior together.

The findings obtained from the research, the period of data collection is limited to the province where the study was conducted and the individuals living there. In this respect, the results of the research cannot be generalized to all individuals living in Turkey. In addition, it is assumed that the participants in the study respond objectively to the statements in the questionnaire and that the measurement tools used are reliable.

5.CONCLUSION

In the current study, the relationship between health cognitions and health seeking behavior was examined, and it was found that health cognitions positively affected health seeking behavior. Consequently, it was seen that health cognitions, which are defined as feelings and thoughts related to the behaviors of individuals about their health, are a factor in determining health seeking behavior. Therefore, the improvement of health cognitions of individuals increases their health seeking behaviors. It is recommended to increase the number of studies in which both concepts discussed in the study are used together.

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