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Primary Education Teachers' Health Literacy

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ABSTRACT

Teachers' health literacy is essential for the development of health education programs and students' health literacy. The purpose of this study was to examine the health literacy levels of Greek primary education teachers. We gathered data from N= 998 primary education teachers working in public or private schools in Greece using the Health Literacy Questionnaire (HLQ) developed by Fletcher (2014). Results indicated that Greek primary education teachers' health literacy was high with those with higher educational qualifications, those aged 31–50 years, and those with higher monthly family income demonstrating statistically significant higher levels of health literacy. These findings suggested that factors such as professional maturity, continuous learning, financial capacity, and life experience positively influence the ability to access, understand, and apply health-related information. The implementation of targeted health education programs and continuous professional development opportunities is essential to sustain and further improve health literacy among the teaching workforce in Greece.

Keywords: Greece, health literacy, teachers, primary education, HLQ

INTRODUCTION

Health literacy has been widely recognized as important for a society with active and critical citizens (Chinn, 2011; Nutbeam, 2008) who contribute to better disease prevention, reducing the cost of treatments, and ultimately improving their health, while enhancing health equity (Sørensen et al. 2012). Nutbeam (2000) recognized health literacy as a set of competencies that not only support personal well-being but also enable participation in public life, playing a central role in navigating modern health challenges (Nutbeam and Loyd, 2021; Roediger et al., 2019). The

COVID-19 pandemic offered a case study of this dynamic, revealing how gaps in health literacy can contribute to the spread of misinformation and public health risk (Molnar, 2021; Paakkari and Okan, 2019) and modern health promotion focuses on addressing health literacy as a critical determinant of health and an important part of the Sustainable Development Agenda 2030 (Nutbeam, 2017).

The need for education to focus on developing such health-related skills has been recognised (Squiers et al., 2012). Primary education teachers and their health literacy is considered the strongest predictor of students' health-promoting behaviours (Bae and Yoon, 2021; Paakkari and Okan, 2019; Peterson et al., 2001). However, many teachers' health literacy is limited (Denuwara and Gunawardena, 2017; Yilmazel and Çetinkaya, 2015), moderate (Rahimi and Elahe, 2019), or lacking essential skills (Lamanauskas and Augienė, 2019). For many educators, facilitating critical health literacy remains a challenge, even though pedagogical practices in schools evolve to support broader aspects of health literacy (Kealy-Ashby et al., 2023). St Leger (2001) emphasises that educators need to be informed about health issues, capable of fostering advocacy, and familiar with community resources to effectively contextualise learning. In the educational setting, students should be active agents (Kickbusch et al., 2005; Mogford et al., 2011), whose engagement is influenced by classroom activities and the quality of the health information provided (Begoray et al., 2009; Burke, 2002; St Leger, 2000). Beyond the classroom, teachers can greatly affect students' attitudes on health issues by serving as role models (Velardo & Drummond, 2015).

Students' health literacy is low in Greece, with students having difficulties in accessing, evaluating, and applying health-related information (Bechraki et al., 2024). Furthermore, health education in Greek schools is optional and teachers' training inadequate (Bechraki et. al., 2022) Examining teachers' health literacy is crucial for enhancing classroom practices and informing broader strategies to address health inequalities, so we decided to examine:

- How high is Greek primary education teachers' health literacy?
- Are there specific characteristics (e.g. gender, age, educational degree, family income or having a healthcare worker as a family member) that affect their overall health literacy?

RESEARCH METHODOLOGY

We followed a quantitative approach, and our sample was N=998 Greek primary education teachers serving in public or private schools (June to October 2021) following a snowball technique and sharing the questionnaire on teachers' Social Media Groups. Although this procedure did not guarantee a representative sample, the size of our sample was big. Sample is described in Table 1.

[**Insert -Table 1.** The profile of our sample – here]

We used the Health Literacy Questionnaire (Fletcher, 2014), which we reverse-translated into Greek. It included ten dimensions (subscales) and 55 statements of a 5-point Likert scale, and questions about participants' profile.

Data was analysed using © IBM SPSS 25 and the level of significance was 0.05.

RESULTS

The questionnaire demonstrated high internal consistency (Table 2).

[**Insert - Table 2.** The reliability of the questionnaire and its subscales – here]

Greek primary education teachers exhibit high health literacy in total (mean= 4.32±0.20) and in every subscale of the instrument with lowest being "Social support for health", "Relationships with health professionals", and "Understanding and support from health care providers".

An Analysis of Covariance tested for the overall effect of the independent factors (gender, age, family income, education level and family's involvement in the health industry) on teachers' health literacy. The model explains about 26.3% of teachers' health literacy variance indicating a large effect size (Cohen, 2013):

- Age and family income were the strongest predictors of teachers' health literacy [Age: $F(1,941) = 66.388$, $p < .001$, Family Income: $F(6,941) = 11.260$, $p < .001$].
- Education level and involvement of at least one family member in the health industry did not affect statistically significantly health literacy alone or in combination.
- The many interaction terms did not significantly contribute to explaining health literacy beyond its main effects.

Gender did not differentiate Greek primary education teachers' health literacy ($p>.05$), but it differentiated the support and understanding teachers perceive from healthcare providers,

with male teachers declaring that they feel less supported than female ones, with men = 4.05±.9 vs women = 4.19±.89 (t = -2,372, p = .018<0.05).

Holding a master's degree, besides the prerequisite of a bachelor's degree in educational studies, did not differentiate teachers' overall health literacy, but having a PhD in educational studies did. The latter had higher health literacy in each subscale (p<.001) (Table 3). Age statistically significantly influenced health literacy (Table 4) with Greek primary education teachers aged 31-50 having the highest health literacy scores.

[**Insert - Table 3.** Greek primary education teachers' health literacy scores according to their educational degrees- here]

[**Insert -Table 4.** Greek primary education teachers' health literacy scores according to age - here]

The lower the teachers' family income, the lower their health literacy (p<.001) (we did not include in our analysis teachers whose family income was higher than 3000 euros per month as they were only 7 in our sample) (Table 5).

[**Insert - Table 5.** Primary education teachers' health literacy scores according to their family income – here]

Having a relative in the healthcare field also seemed to be an important factor in Greek primary education teachers' health literacy, with those having such a relative showing higher health literacy levels overall and, in each subscale (Table 6).

[**Insert -Table 6.** Health literacy of teachers having a relative in the field of healthcare or not – here]

DISCUSSION

Greek primary teachers exhibited high levels of health literacy. This is an encouraging result, especially given the increasing importance of health-related decision-making in both personal and professional spheres. At the same time, it is difficult to explain it given that Greek teachers have received none or minimal health education during their undergraduate studies (Mavrikaki et al., 2005; Soultatou and Athanasiou, 2024). Compared to their peers Greek teachers' health literacy is higher than a) Iran (Ahmadi and Montazeri, 2019; Rahimi and Elahe, 2019), Lithuania (Lamanauskas and Augienė, 2019), Sri Lanka (Denuwara and Gunawardena, 2017) or Turkey (Yilmazel and Çetinkaya, 2015) with the exception of teachers

from Tanzania who have also high levels of health literacy (Mshingo et al., 2023). Compared to the general Greek population who exhibits inadequate or problematic health literacy it is also higher (Sørensen et al., 2015).

Many international studies have observed an effect of gender on health literacy: Do et al. (2020) observed higher health literacy among men and Huang et al. (2002) and Lee et al. (2015) and Vozikis et al. (2014) among women. In our study gender did not affect Greek primary education teachers' health literacy confirming HLS-EU Consortium (2012). This could be attributed to teachers pursuing of lifelong learning regardless of gender which could also explain their high health literacy as attending seminars for personal professional development can enhance health literacy (Otten et al., 2023; Peralta et al., 2022). Acknowledging the importance of being health literate to carry on their role as teachers, they seem to pursue ways to develop it. Engaging with health-related content in educational settings has been proven to enhance teachers' own health literacy by encouraging reflection on personal health behaviors and equipping them with the skills to access and evaluate health information for both them and their students (Bröder et al., 2017; Mshingo et al., 2023).

The suggestion that teachers' pursue of professional development might explain their high health literacy is also supported by their scores (lower than the rest) in the subscales "Social Support for Health", "Relationships with Health Professionals", and "Understanding and Support from Health Care Providers", which are axes of health literacy that mostly have to do with social interactions and experiences and not dealing with health information but it could also reflect structural challenges within the Greek healthcare system, such as limited time for patient-provider interaction, or cultural factors influencing how teachers perceive and access support networks.

Greek primary education teachers with a PhD consistently scored higher across all subscales. At the same time, those with a master's degree did not differ significantly from bachelor's degree holders in overall HL. This finding contradicts Ersin et al. (2021), who found that the educational level of teachers did not affect their overall degree of health literacy. However, the depth and nature of postgraduate education, might play a role in shaping individuals' ability to navigate and interpret health information critically. This is also supported by Bayati et al. (2018) who found that educational interventions have a significant impact on improving health -promoting behaviors and levels of health literacy as well.

A particularly noteworthy finding was the strong impact of age on health literacy confirming Yang et al. (2021). Teachers aged 31-50 exhibited the highest scores, while the oldest group (56+) showed significantly lower scores across all subscales. Similar results were found in the study of Liu et al. (2024), on teachers in China. This pattern aligns with research suggesting that younger and mid-career adults may have better access to digital resources and a greater engagement with preventive health behaviors (Huang et al., 2002; Kickbusch et al., 2013; Sørensen et al., 2012). In this case older teachers may not have had as much exposure to these technologies or may be less adept at using them to gather or evaluate health information, potentially impeding their health literacy practical skills. This is further supported by recent findings indicating that higher age is associated with more limited digital health literacy, especially when it comes to navigating skills (Rangnow et al., 2024). In contrast, younger teachers (18-30 years) may still be in the early stages of their careers, with limited exposure to health education training and practical experience in health-related issues. Their lower health literacy levels might reflect this nascent stage of professional development. However, particularly in Greece, an additional contextual factor that may contribute to this finding is the history of Greek teachers' education. Till 1986 only two years of study were necessary to become a primary school teacher, and formal health education was not included in the curriculum. Consequently, the older participants in our study may have entered the profession without foundational studies in health education, further exacerbating generational gaps in health literacy competencies. Recent evidence highlights that pre-service teachers (PSTs) who are not specializing in health and physical education (HPE), or who have limited exposure to health-related coursework during their Initial Teacher Education (ITE), often feel underprepared to promote health literacy in the classroom (Kealy-Ashby et al., 2023).

However, the way in which age influences health literacy differs. Lau et al. (2022), reported an inverse relationship, where older teachers (in Hong-Kong) demonstrated higher health literacy scores during the COVID-19 pandemic. These findings suggest that health literacy does not always decrease with age (Sukys et al., 2024) and that age-related differences in Health literacy may also be context-dependent and influenced by specific socio-cultural or institutional factors, including public health messaging, teacher training reforms, or differences in lifelong learning practices across countries.

Regarding income, a positive gradient was observed, with teachers of higher family income demonstrating higher health literacy aligning with other studies (Coughlin et al., 2020;

Denuwara and Gunawardena, 2017; Michou et al., 2019; Tang, et al., 2019; Vozikis et al. 2014; Yeşiltepe Çal, 2023) highlighting socioeconomic status as a key determinant of health literacy (Sørensen et al., 2015). This can be attributed to several interrelated factors. Individuals with greater financial resources often have enhanced access to health-related information, services, and educational opportunities, which collectively contribute to improved health literacy. Moreover, higher income levels may afford teachers the means to engage in continuous professional development and access to digital technologies, further facilitating the acquisition and application of health information. Conversely, teachers with lower family incomes might face barriers such as limited access to health resources and time constraints due to a need of additional employment, which can impede their ability to seek out and comprehend health information effectively. These disparities also underscore the necessity for targeted interventions aimed at improving health literacy among lower-income educators, ensuring equitable access to health information and resources across all socioeconomic strata.

Even though teachers in our study exhibited high levels of health literacy and their self-efficacy beliefs are important indicators of their intentions to support their students' health literacy (Lai et al., 2018), this cannot ensure a meaningful impact within school environments. Health literacy must be viewed not only as an individual's competence but as a professional resource that can be mobilized through institutional support, targeted training, and policy alignment. Ensuring that teachers are equipped with both knowledge and structural conditions to promote healthy lifestyles is vital— not only for their own well-being but also for their capacity to act as effective health educators (Lamanauskas, 2023; Peralta et al., 2025). However, this bidirectional relationship demands a coherent strategy involving ongoing professional development, school-wide health literacy initiatives, and cross-sector collaboration. Investing in teachers' health literacy is, therefore, not merely an educational priority but a societal imperative (Mshingo et al., 2023; Okan et al., 2021; Vamos et al., 2020) critical to fostering healthier schools and healthier communities.

Research Limitations and Suggestions for Further Research

While the findings of this study provide valuable insights into the health literacy levels of Greek teachers, certain limitations must be acknowledged. First, the use of a web-based survey may have introduced selection bias, as it favored participants with internet access and basic digital skills, potentially excluding teachers with lower digital or health literacy. Second,

the sampling approach - based on convenience and snowball techniques - limits the generalizability of the results to the broader teacher population in Greece. Although the sample size was relatively robust (N = 998), it may not fully reflect regional, institutional, or socioeconomic diversity within the national educational system.

Future research should aim to employ randomized or stratified sampling methods to enhance representativeness and validity. Additionally, mixed-method approaches - including interviews or focus groups - could provide deeper qualitative insights into how teachers interpret and use health information in practice. Longitudinal studies would also be beneficial to examine changes in health literacy over time and to assess the effectiveness of targeted interventions, particularly among subgroups of teachers with lower literacy levels.

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Table 1. The profile of our sample.

Variables	**N**	**%**
Gender		
Male	407	40.80
Female	591	59.20
Total	998	100.00
Age group		
18-30	45	4.50
31-40	339	34.00
41-50	386	38.70
51-55	166	16.60
56 or more	62	6.20
Total	*998*	*100.00*
Highest Educational degree		
BSc	497	49.80
MSc	396	39.70
Phd	105	10.50
Total	*998*	*100.00*

Having a relative working in the healthcare sector		
Yes	205	20.50
No	793	79.50
Total	*998*	*100.00*
Family monthly income		
< 1.000	42	4.20
1.000 – 1.500	264	26.40
1.501 – 2.000	433	43.50
2.001 – 2.500	227	22.70
2.501 – 3.000	25	2.50
3.001 – 5.000	5	0.50
> 5.000	2	0.20
Total	*998*	*100.00*

Table 2. The reliability of the Greek version of the HLQ and its subscales.

Subscale	**Cronbach's *α***	# items
Understanding and support from health care providers	0.98	6
Having sufficient information to manage my health (*Adequate information*)	0.95	7
Actively managing my health	0.94	5
Focusing on health issues	0.94	5
Social support for health	0.92	5
Appraisal of health information	0.90	6

Actively engage with healthcare providers (*Relationships with providers*)	0.91	5
Navigating the healthcare system (*Attitudes)*	0.87	6
Ability to find good health information	0.92	5
Understand health information well enough to know what to do (*Taking responsibility for health*)	0.77	5
Total Instrument	*0.91*	*55*

Table 3. Greek primary education teachers' health literacy scores according to their educational degrees.

				95% Confidence Interval		p
		Mean	S.D.	Lower bound	Upper bound	
Support from health professionals	Bachelor	3.88	.99	3.80	3.97	**<.001**
	Msc	4.36	.74	4.29	4.44	
	PhD	4.48	.76	4.33	4.62	
	Total	4.14	.91	4.08	4.19	
Health information	Bachelor	4.21	.65	4.15	4.27	**<.001**
	Msc	4.36	.48	4.31	4.41	
	PhD	4.60	.34	4.53	4.67	
	Total	4.31	.57	4.27	4.35	
Taking responsibility	Bachelor	4.28	.69	4.22	4.34	**<.001**
	Msc	4.49	.51	4.44	4.54	

	PhD	4.73	.34	4.66	4.80	
	Total	4.41	.61	4.38	4.45	
Focus on health issues	Bachelor	4.49	.57	4.44	4.54	**<.001**
	Msc	4.68	.47	4.63	4.73	
	PhD	4.84	.34	4.77	4.90	
	Total	4.60	.53	4.57	4.64	
Social support	Bachelor	3.94	.71	3.88	4.00	**<.001**
	Msc	4.25	.46	4.21	4.30	
	PhD	4.35	.41	4.27	4.43	
	Total	4.11	.62	4.07	4.15	
Information assessment	Bachelor	4.31	.65	4.26	4.37	**<.001**
	Msc	4.56	.53	4.51	4.61	
	PhD	4.73	.38	4.65	4.80	
	Total	4.45	.60	4.42	4.49	
Relationships with health professionals	Bachelor	3.90	.75	3.84	3.97	**<.001**
	Msc	4.29	.56	4.23	4.34	
	PhD	4.37	.59	4.25	4.48	
	Total	4.10	.69	4.06	4.15	
Behavior in the health system	Bachelor	4.42	.49	4.37	4.47	**<.001**
	Msc	4.55	.46	4.50	4.60	
	PhD	4.69	.39	4.60	4.77	
	Total	4.50	.48	4.47	4.53	
Ability to find information	Bachelor	4.25	.65	4.19	4.30	**<.001**
	Msc	4.40	.49	4.35	4.45	

	PhD	4.58	.36	4.51	4.65	
	Total	4.34	.57	4.31	4.38	
Sufficient information understanding	Bachelor	4.18	.52	4.13	4.22	**<.001**
	Msc	4.41	.45	4.37	4.45	
	PhD	4.54	.33	4.48	4.61	
	Total	4.31	.49	4.28	4.34	

Table 4. Greek primary education teachers' health literacy scores according to age.

		Mean	S.D.	95% Confidence Interval		p
				Lower bound	Upper bound	
Support from health professionals	18-30	3.87	.77	3.63	4.10	**<.001**
	31-40	4.31	.77	4.23	4.39	
	41-50	4.31	.82	4.22	4.39	
	51-55	3.88	1.02	3.72	4.04	
	56+	3.02	.95	2.77	3.26	
	Total	4.14	.91	4.08	4.19	
Health information	18-30	3.76	.82	3.51	4.00	**<.001**
	31-40	4.38	.48	4.33	4.43	
	41-50	4.38	.47	4.33	4.43	
	51-55	4.30	.53	4.22	4.38	
	56+	3.92	1.02	3.67	4.18	
	Total	4.31	.57	4.28	4.35	
Taking responsibility	18-30	3.85	.72	3.63	4.07	**<.001**
	31-40	4.51	.51	4.46	4.56	
	41-50	4.49	.50	4.44	4.54	
	51-55	4.37	.59	4.28	4.46	

	56+	3.93	1.08	3.65	4.20	
	Total	4.41	.61	4.38	4.45	
Focus on health issues	18-30	3.96	.69	3.75	4.17	**<.001**
	31-40	4.68	.47	4.63	4.73	
	41-50	4.68	.45	4.63	4.73	
	51-55	4.56	.49	4.49	4.64	
	56+	4.26	.73	4.07	4.44	
	Total	4.60	.53	4.57	4.64	
Social support	18-30	4.03	.76	3.80	4.25	
	31-40	4.18	.50	4.13	4.23	**<.001**
	41-50	4.20	.53	4.15	4.25	
	51-55	4.05	.64	3.95	4.15	
	56+	3.32	.90	3.09	3.55	
	Total	4.11	.62	4.07	4.15	
Information assessment	18-30	3.84	.84	3.59	4.10	**<.001**
	31-40	4.58	.50	4.52	4.63	
	41-50	4.56	.50	4.51	4.61	
	51-55	4.35	.52	4.27	4.43	
	56+	3.85	.88	3.62	4.07	
	Total	4.45	.60	4.42	4.49	
Relationships with health professionals	18-30	3.92	.61	3.74	4.10	**<.001**
	31-40	4.26	.57	4.20	4.32	
	41-50	4.22	.61	4.16	4.28	
	51-55	3.90	.77	3.78	4.01	
	56+	3.20	.80	3.00	3.40	
	Total	4.10	.69	4.06	4.15	
Behavior in the health system	18-30	4.02	.60	3.84	4.20	**<.001**
	31-40	4.55	.48	4.49	4.60	

	41-50	4.56	.43	4.51	4.60	
	51-55	4.47	.41	4.40	4.54	
	56+	4.39	.54	4.25	4.53	
	Total	4.50	.48	4.47	4.53	
Ability to find information	18-30	3.80	.76	3.57	4.02	**<.001**
	31-40	4.44	.48	4.39	4.49	
	41-50	4.40	.48	4.35	4.44	
	51-55	4.32	.51	4.24	4.40	
	56+	3.92	1.00	3.67	4.17	
	Total	4.34	.57	4.31	4.38	
Sufficient information understanding	18-30	3.84	.66	3.64	4.04	**<.001**
	31-40	4.40	.47	4.35	4.45	
	41-50	4.40	.43	4.36	4.44	
	51-55	4.20	.42	4.14	4.27	
	56+	3.86	.57	3.72	4.01	
	Total	4.31	.49	4.28	4.34	

Table 5. Primary education teachers' health literacy scores according to their family income.

		Mean	**SD**	**Standard Error**	**95% Confidence Interval**		**p**
					Lower bound	**Upper bound**	
Support from health	Less than 1000	3.77	.88	.14	3.49	4.04	**0.013**
	1001-1500	4.17	.82	.05	4.07	4.27	

professionals	1501-2000	4.11	.94	.05	4.02	4.19	
	2001-2500	4.23	.89	.06	4.11	4.34	
	2501-3000	4.25	1.06	.21	3.82	4.69	
	Total	4.14	.91	.03	4.08	4.19	
Health information	Less than 1000	3.80	.83	.13	3.54	4.06	**<.001**
	1001-1500	4.27	.57	.04	4.21	4.34	
	1501-2000	4.31	.57	.03	4.25	4.36	
	2001-2500	4.43	.45	.03	4.37	4.49	
	2501-3000	4.53	.56	.11	4.29	4.76	
	Total	4.31	.57	.02	4.28	4.35	
Taking responsibility	Less than 1000	3.80	.79	.12	3.55	4.04	**<.001**
	1001-1500	4.36	.65	.04	4.29	4.44	
	1501-2000	4.42	.59	.03	4.37	4.48	
	2001-2500	4.54	.47	.03	4.48	4.60	
	2501-3000	4.66	.53	.11	4.44	4.88	
	Total	4.41	.61	.02	4.38	4.45	

Focus on health issues	Less than 1000	3.95	.80	.12	3.70	4.20	**<.001**
	1001-1500	4.58	.54	.03	4.51	4.64	
	1501-2000	4.62	.50	.02	4.58	4.67	
	2001-2500	4.69	.43	.03	4.63	4.75	
	2501-3000	4.77	.46	.09	4.58	4.96	
	Total	4.60	.53	.02	4.57	4.64	
Social support	Less than 1000	4.00	.86	.13	3.73	4.26	0.066
	1001-1500	4.10	.59	.04	4.02	4.17	
	1501-2000	4.08	.65	.03	4.02	4.14	
	2001-2500	4.17	.53	.04	4.10	4.24	
	2501-3000	4.32	.49	.10	4.12	4.52	
	Total	4.11	.62	.02	4.07	4.15	
Information assessment	Less than 1000	4.04	.83	.13	3.78	4.30	**<.001**
	1001-1500	4.44	.60	.04	4.36	4.51	
	1501-2000	4.44	.60	.03	4.39	4.50	
	2001-2500	4.56	.47	.03	4.50	4.62	

	2501-3000	4.61	.59	.12	4.37	4.86	
	Total	4.45	.60	.02	4.42	4.49	
Relationships with health professionals	Less than 1000	3.89	.68	.10	3.67	4.10	**0.008**
	1001-1500	4.16	.60	.04	4.09	4.24	
	1501-2000	4.07	.72	.03	4.00	4.13	
	2001-2500	4.16	.69	.05	4.07	4.25	
	2501-3000	4.14	.79	.16	3.81	4.46	
	Total	4.10	.69	.02	4.06	4.15	
Behavior in health system	Less than 1000	4.05	.69	.11	3.83	4.26	**<.001**
	1001-1500	4.46	.49	.03	4.39	4.52	
	1501-2000	4.52	.47	.02	4.47	4.56	
	2001-2500	4.59	.36	.03	4.54	4.64	
	2501-3000	4.68	.43	.09	4.49	4.87	
	Total	4.50	.48	.02	4.47	4.53	
Ability to find information	Less than 1000	3.72	.76	.12	3.49	3.96	**<.001**
	1001-1500	4.33	.58	.04	4.26	4.34	
	1501-2000	4.34	.59	.03	4.29	4.40	

	2001-2500	4.44	.40	.03	4.38	4.49	
	2501-3000	4.60	.44	.09	4.42	4.78	
	Total	4.34	.57	.02	4.31	4.38	
Sufficient information understanding	Less than 1000	3.70	.75	.12	3.47	3.94	**<.001**
	1001-1500	4.33	.45	.03	4.27	4.38	
	1501-2000	4.32	.49	.02	4.28	4.37	
	2001-2500	4.36	.41	.03	4.31	4.42	
	2501-3000	4.43	.37	.07	4.28	4.58	
	Total	4.31	.49	.02	4.28	4.34	

Table 6: Health literacy of teachers having a relative in the field of healthcare or not.

HLQ Subscale	**Relative in health care (Mean ± SD)**	**No relative in health care (Mean ± SD)**	**p**
Support from health professionals	4.02 ± 0.94	4.59 ± 0.57	**< .001**
Health information	4.28 ± 0.59	4.43 ± 0.50	**< .001**
Taking responsibility	4.37 ± 0.62	4.58 ± 0.53	**< .001**
Focus on health issues	4.56 ± 0.54	4.77 ± 0.46	**< .001**
Social support	4.05 ± 0.65	4.32 ± 0.41	**< .001**

Information assessment	4.39 ± 0.59	4.70 ± 0.53	**< .001**
Relationships with health professionals	4.01 ± 0.71	4.48 ± 0.48	**< .001**
Behavior in health system	4.48 ± 0.48	4.59 ± 0.45	**< .001**
Ability to find information	4.31 ± 0.58	4.48 ± 0.52	**< .001**
Sufficient information understanding	4.26 ± 0.49	4.35 ± 0.42	**< .001**