ASIAN JOURNAL OF PHARMACEUTICAL AND CLINICAL RESEARCH

NNOVARE ACADEMIC SCIENCES
Knowledge to Innovation

Vol 9, Issue 4, 2016

Online - 2455-3891 Print - 0974-2441

Case Study

HEALTH LITERACY: A PREREQUISITE FOR POPULACE WELFARE

NALINI R^{1*}, ALAMELU R¹, AMUDHA R¹, CRESENTA SHAKILA MOTHA L²

¹School of Management, SASTRA University, Thanjavur, Tamil Nadu, India. ²Department of Training and Placement, SASTRA University, Thanjavur, Tamil Nadu, India. Email: nalini@mba.sastra.edu

Received: 07 March 2016, Revised and Accepted: 18 March 2016

ABSTRACT

The objective of this study is to know about the significance of health literacy awareness among the public. Health literacy is a strategy to empower the control of people over their own health and capacity to inquire about the health information to take decisions regarding the health issues. People must increase their health literacy with quality and understanding information. The impact of less health literacy rates is errors in medication, inferior health position, increased hospitalizations, and increased cost of health care. The competency to make health decisions in daily life, at work life, in health-care system, and in emergency situations will determine the health literacy. The health literacy means the attaining the level of knowledge, individual skills and confidence to arrive decisions to enhance individual and societal health by altering lifestyles and livelihood. Low literacy level has an impact on the health status of the people by restricting the individual, social and cultural progress thereby impede the progress of health literacy. The health literacy can be regarded as a capacity needed to be familiar with sources of health information and use them by retrieving the information. The accessibility of quality information, its applicability in a required situation, analyzing, understanding, and utilizing of information is necessary for taking efficient health decisions.

Keywords: Health literacy, Empowerment strategy, Health decisions and health care system.

INTRODUCTION

The term literacy is applied to the institutions including politics, finance, environment, family, media, and health. Literacy may reveal many societal and technical changes leading to learning of new skills. The health literacy is used to express the capacity to deal with health information and health-care services. Health literacy is a strategy to empower the control of people over their own health and capacity to inquire about the health information to take decisions regarding the health issues. People must increase their health literacy with quality and understanding information. It is the capacity to procure, process and recognize fundamental information and services necessary to take suitable health decisions [1].

A person who is health literate will understand the necessity of financial information and recognize the available sources of information. He also evaluates the information for determining the quality and the usage of the same to take healthy decisions [2].

Knowledge and status about health, use of health amenities, and cost of health-care services are considered to be the fundamentals to understand the level of health literacy among the public. Even in developed countries, the level of literacy is found to be at a low level [3]. The level of literacy is fundamental to understand about the happenings in the society and health literacy refers to the extra skills required to find, evaluate and integrate health information in all dimensions. It also refers to awareness of health related jargons and the existing health system [4]. The expert panel of Institute of Medicine has viewed health knowledge as a fragment of health literacy, and they have defined health literacy as cultural and conceptual knowledge, oral literacy, print literacy and numeracy [5]. The empowerment of health literacy can be had through easy accessibility of health information and the capacity of people to use that available information. Always health literacy depends on the literate rate and the poor literate rate will definitely affect the health of people. The low literate level will also hinder the development of person in all dimensions namely, personal, social and cultural which has a direct impact on health literacy [6]. People with sufficient literacy levels also encounter difficulty in understanding the technical jargons and basic notions in health and medicinal field [7]. The impact of less health literacy rates is errors in medication, inferior health position, increased hospitalizations, and increased cost of health care.

An average literate person will have an ability to recognize health information and this ability results in higher rate of health literacy. Thus, the basic literacy level creates an interest in the minds of people to receive more health information and this, in turn, increases the health literacy. Knowledge about health information will assist a person to contribute ideas in health care decisions. This participation in decision-making should always result in an enhanced level of health knowledge with the assistance of health-care providers. Thus, a person with high health literate rate is expected to have healthy behaviors and approaches, self-managing the diseases and participation in health decision-making [8] (Fig. 1).

Siddamallaiah has mentioned two types of health information namely, prescribed information about a specific patient and general information about the medical facility, procedures, and awareness inclusive of technical information. The first type of information is provided by the doctors and supportive staff and the second type of information is provided by the libraries and health education experts by extending information in printed materials in the language the user comprehends [9]. Health literacy means the understanding capacity and competency of individuals to face critical health issues in the contemporary society. Although the significance of health literacy is acknowledged, there is no unanimity about meaning and dimensions of health literacy. This restricts the prospects of measuring and comparing the health literacy rates among persons [10]. Nutbeam has highlighted how definitions of health literacy fail to capture the broader meaning of this concept. Drawing on ideas from the adult literacy field about how $\,$ literacy is conceptualized, Nutbeam proposed a model of health literacy comprising three different types of literacy [11].

The model represents the important dimensions of health literacy in the concentric oval shape in Fig. 2 as per conceptual model and it combines the same with a logical model which represents far and near factors influencing health literacy and the ways in which the health outcomes can be achieved. The hub of the model relates competencies to the process of accessing, sympathizing, assessing, and applying the information related to health sector. Accessing means the capacity to find and acquire information and understanding means the comprehending ability that is obtained. Assessing means the

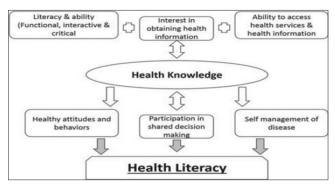


Fig. 1: Process in health literacy

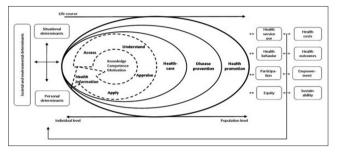


Fig. 2: An integrated conceptual model of health literacy

interpreting and evaluating the health information and applying means the usage of information in decision-making and communicating the same for improving the health. The effectiveness of these competencies depends on the cognitive abilities and quality of information accessed. The trustworthiness and understanding of information depend on the validity of source from which information is received. A proper understanding of information leads to accurate interpretation and the expected utility and individual outcomes. Processing and evaluation of information depend on the intricacy and the understanding of technical jargons and successful communication depends on the comprehending the information. These competencies include the functional. Interactive and vital health literacy qualities as predicted by Nutbeam.

This course of action produces acquaintance and proficiency which facilitate an individual to identify three areas of health range namely being a patient in health-care system, as an individual with health hazard in a disease evading system and as an inhabitant of health promotional efforts in workplace, educational, political, communal, and society at large. These three dimensions help the people to apply the general literacy, health literacy and arithmetical skills to acquire, understand, analyze and evaluate the health information independently to overcome individual, structural, economic and social hazards of health. The whole time life learning of health terms depends on the cognitive, mental progress and the experiences of past and present. This development carries an individual from personal status to societal status. Thus, this model incorporates medical perspective with public health perspective emphasizing on health literacy. This has an impact on preemptive health system and minimize stress on health systems [12].

The functional health literacy means the capacity to apply fundamental literacy and numeracy ability to access and act on health materials, traditionally, aimed at increasing patient knowledge and compliance. Interactive health literacy means the application of much of elaborate literacy, cognitive and societal skills to confidently engage in everyday health-related activities such as interacting with health professionals and implementing self-care plans to manage chronic disease. A critical health literacy considers the role that literacy plays in the process of community action and social change. The health literacy is focused on the acquisition of skills or competencies which allow individuals and

communities to engage in public discourse on health issues, with a view to modifying health care policies and practices. This, in turn, results in a better public recognition of social, economic, and ecological factors which impact on health.

Health literacy encompasses core psychological and social constructs such as one's sense of personal responsibility and motivation to act on information. Nutbeam's model provides a richer understanding of health literacy that goes far beyond having the basic skills to read labels on medicine bottles. It suggests that advancement through the different "layers" of health literacy affords a higher degree of personal empowerment and self-efficacy which in turn, influence choice and control over health and lifestyle decisions. Similarly, Zarcadoolas et al., (2005) proposed that health literacy relates to an individual's understanding of public health matters, scientific procedure and cultural disparity, which in turn influence how they interpret, question and respond to information [13].

Health literacy is a comparatively the latest notion in promoting the health. Health literacy comprises the activities of health outcomes regarding health education and communication. It gives the ability of making viable decisions in health sector during regular and emergency times in every walk of life. The impact of less health literacy rates is errors in medication, inferior health position, increased hospitalizations and increased the cost of health care [14]. Health literacy receptiveness depicts the path in which the health information is made available accessible by the products, services, and environments for people with different levels of health literacy [15].

Quality of life, productivity of workforce, learning capacity, strong family relationships, environmental support, poverty reduction, social security, and social inclusion are enhanced by the excellent health status. The increasing cost of the treatment and health care place a high burden on the national and local resources and hinder major developments in the health sector [16].

The evaluation of health literacy leads to designing of strategy and involvement that result in dealing in health inequality, improvisation of health outcomes and health systems. Health literacy and its measurement indicate the capacity and receptiveness of public to keep themselves in touch with health information and services [17]. The general public always associate themselves with the resources and environments to assist them to take health decisions. The health decisions always result in health actions and influence the effects of these health decisions [18].

The World Health Organization (WHO) emphasized the significance of health literacy and incorporated express calls for immediate endeavor in the Seventh Global Conference on Health Promotion in Nairobi in 2009. Ever since 1998, WHO have described health literacy as "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."

The association between health literacy, health behaviors, service commitment and health effects are identified by the researchers, organizations and governments by measuring the health literacy. This health information can also be supplied as information to fund allocation decisions and to plan the mediation factors, resources, training of staff and improvement of services [17]. The tools for measuring health literacy with multidimensional scores give complete and accurate data to the public. This helps to identify the relative strengths and weaknesses of health literacy and devise plans to enhance health literacy responses [19].

CONCLUSION

The general public meets fatal incidents due to the various health problems arising out of their health illiteracy levels. Although India is a universal leader in knowledge economy and formed as a major chunk in

the nuclear world, not more than half of the world's poor and illiterate population live in India. To accomplish sustainable growth and improve the health status, health literacy is considered as an empowering tool. Awareness should be brought in by preventive measures through public libraries and information centers in rural areas [20]. The health literacy is distinct from other determinants of health and its significance is realized for socio-economic development. The interventions of public health significantly augment health literacy in all dimensions and its impact on health outcomes could be scientifically measured [21]. Lower health literacy level leads the people to increased rate of errors in medication, worsened status in health and increased the cost of health care with hospitalizations. Health information is to be transmitted to the public to advance the level of health literacy and to progress the level of confidence to support others. Self-independence and empowerment among the public should be enhanced as health literacy is an investment and development approach for long-term lifetime health value for them.

REFERENCES

- Davis TC. Instruction Manual, REALM Sample Kit. Shreveport, LA: LSU Medical Center; 2000. p. 1-20.
- Medical Library Association. Available from: http://www.mlanet.org/ resources/healthlit/define.html. [Last accessed on 2016 Feb 05].
- Kickbusch IS. Health literacy: Addressing the health and education divide. Health Promot Int 2001;16(3):289-97.
- Promoting health and development: Closing the implementation gap. Proceedings of the 7th Global Conference on Health Promotion. October 26-30, 2009. Nairobi, Kenya. Glob Health Promot 2010;17(2):3-95.
- Baker DW. The meaning and the measure of health literacy. J Gen Intern Med 2006;21(8):878-83.
- Sarbadhikari SN. How to make healthcare delivery in India more "informed". Educ Health (Abingdon) 2010;23(8):456.
- Wolf MS, Gazmararian JA, Baker DW. Health literacy and health risk behaviors among older adults. Am J Prev Med 2007;32(1):19-24.
- 8. Available from: http://www.ijmedph.org/article.asp?issn=2230-8598;year=2013;volume=3;issue=4;spage=219;epage=224;aulast=Hongal. [Last accessed on 2016 Feb 05].
- 9. Siddamallaiah HS. Community-based health literacy model for libraries

- in India related materials. 2005. Available from: http://www.icml9.org/program/track6/activity.php?lang=en&id=2.
- Sørensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z, et al. Health literacy and public health: A systematic review and integration of definitions and models. BMC Public Health 2012;12:80.
- 11. Nutbeam D. Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century. Health Promot Int 2000;15(3):259-67.
- Available from: http://www.bmcpublichealth.biomedcentral.com/ articles/10.1186/1471-2458-12-80. [Last accessed on 2016 Feb 05].
- Zarcadoolas C, Pleasant A, Greer DS. Understanding health literacy: an expanded model. Health Promot Int 2005;20(2):195-203.
- 14. Weiss BD, Mays MZ, Martz W, Castro KM, DeWalt DA, Pignone MP, et al. Quick assessment of literacy in primary care: The newest vital sign. Ann Fam Med 2005;3(6):514-22.
- 15. Dodson S, Beauchamp A, Batterham RW, Osborne RH. Information Sheet 1: What is health literacy? In: Ophelia Toolkit: A Step-by-Step Guide for Identifying and Responding to Health Literacy Needs within Local Communities. Part A: Introduction to Health Literacy. Deakin University, Melbourne; 2014. Available from: http://www.ophelia.net. au. [Last accessed on 2015 Nov 28].
- WHO. Adelaide Statement on Health in All Policies. Adelaide: Government of South Australia; 2010. Available from: http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf. [Last accessed on 2015 Nov 28].
- Available from: http://www.searo.who.int/entity/healthpromotion/ documents/hl tookit/en/.[Last accessed on 2016 Feb 28].
- 18. Dodson S, Beauchamp A, Batterham RW, Osborne RH. Ophelia Toolkit: A Step-by-Step Guide for Identifying and Responding to Health Literacy Needs within Local Communities. Part A: Introduction to Health Literacy. Melbourne: Deakin University. Available from: http://www.ophelia.net.au. [Last accessed on 2015 Nov 28].
- Osborne RH, Batterham RW, Elsworth GR, Hawkins M, Buchbinder R. The grounded psychometric development and initial validation of the Health Literacy Questionnaire (HLQ). BMC Public Health 2013;13:658.
- Available from: http://www.library.ifla.org/161/7/123-ghosh-en.pdf. [Last accessed on 2016 Feb 12].
- Available from: http://www.heapro.oxfordjournals.org/ content/16/3/289.full. [Last accessed on 2016 Feb 12].