



Health Literacy in India – A brief Review

Dr.P.Firoz Babu,

Assistant Professor,
Department of Social Work,
Sri Krishnidevaraya University,
Anantapuramu,
Andhra Pradesh, India.
firozbabup66@gmail.com
Mr.firozbabu@rediffmail.com
Mobile no:9885467302

Abstract: Health literacy as a discrete form of literacy is becoming increasingly important for social, economic and health development. The objective is to improve the health and well-being of people. This study aims to attain health literacy as a main goal and first principle to achieving health and well-being. Growing literature on health literacy describes it as a concept not only dependent on individual capabilities but also on organizations' ability to make health-related information and services equitably accessible and comprehensible. This paper reviews the concept of health literacy, importance of health literacy, the objective of the study, challenges faced with low health literacy and the ways to improve health literacy which in turn improves the public health.

Introduction:

Every day, people confront situations that involve life-changing decisions about their health. These decisions are made in such places as grocery and drug stores, workplaces, playgrounds, doctors' offices, clinics and hospitals, and around the kitchen table. Only some of these decisions are made when patients and their health care providers are in a face-to-face consultation; many more are made when people are on their own and dealing with often unfamiliar and complex information. People need information they can understand and use to make informed decisions and take actions that protect and promote their health. To make appropriate health decisions people must locate health information, evaluate the information for credibility and quality, and analyse risks and benefits.

This National Action Plan to Improve Health Literacy seeks to engage all people in a linked, multilevel effort to create a health literate society. Health literacy is defined as the capacity to "obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Understanding Health Literacy:

Health literacy is a complex phenomenon that involves skills, knowledge, and the expectations that health professionals have of the public's interest in and understanding of health information and services. Health information and services are often unfamiliar, complicated, and technical, even for people with higher levels of education. People of all ages, races, incomes, and education levels—not just people with limited

reading skills or people for whom English is a second language—are affected by limited health literacy. The impact of limited health literacy disproportionately affects lower socioeconomic conditions.

The skills of individuals are an important part of health literacy, but health literacy is not only about individuals' skills. Health literacy reflects what health systems and professionals do to make health information and services understandable and actionable. Professionals, the media, and public and private sector organizations often present information in ways that make it difficult to understand and act on. Publicly available health information can also be incomplete or inaccurate. The skills of health professionals, the media, and government and private sector agencies to provide health information in a manner appropriate to their audiences are as equally important as an individual's skills. The interactions between laypersons and professionals influence the health literacy of individuals and society.

Health literacy and literacy are closely related but not identical. Literacy is defined as a set of reading, writing, basic math, speech, and comprehension skills. Numeracy, which is part of literacy, implies a "facility with basic probability and numerical concepts." We need these skills to function in society every day. Early studies in education and adult literacy demonstrated that literacy influences a person's ability to access information, use print materials, and participate in society. When we apply these skills to a health context—such as reading a nutrition label, getting a flu shot, or managing a health condition—we are using health literacy skills that have developed over time. General literacy gives us some but not all the skills to understand and communicate health information and concerns.

Health literacy requires knowledge from many topic areas, including the body, healthy behaviours, and the workings of the health system. Health literacy is influenced by the language we speak; our ability to communicate clearly and listen carefully; and our age, socioeconomic status, cultural background, past experiences, cognitive abilities, and mental health. Each of these factors affects how we communicate, understand, and respond to health information. For example, it can be difficult for anyone, no matter the literacy skills, to remember instructions or read a medication label when feeling sick.

Health information comes from many different sources and is delivered through multiple channels—for example, discussions with friends and family; TV, radio, and newspapers; schools; libraries; Web sites and social media; doctors, dentists, nurses, physician assistants, pharmacists, and other health professionals; health educators; public health officials; nutrition and medicine labels; product pamphlets; and safety warnings. Many of these sources present different and possibly conflicting information, and some present biased or incomplete information. As a result, people confront a complex and potentially overwhelming set of health messages every day.

To prevent or manage disease and promote health, initiatives from all sectors must be linked and mutually supportive to achieve measurable improvements in health literacy across all socioeconomic levels.

Health Literacy:

Health literacy is the ability to obtain, read, understand, and use healthcare information in order to make appropriate health decisions and follow instructions for treatment. Health literacy can help us prevent health problems, protect our health, and better manage health problems when they arise. Health literacy is important for everyone because, at some point in our lives, we all need to be able to find, understand, and use health information and services.

Taking care of our health is part of everyday life, not just when we visit a doctor, clinic, or hospital. Health literacy can help us prevent health problems, protect our health, and better manage health problems when they arise.

Health literacy is of concern to everyone involved in health promotion and protection, disease prevention and early screening, health care and maintenance, and policy making. Health literacy skills are needed for

dialogue and discussion, reading health information, interpreting charts, making decisions about participating in research studies, using medical tools for personal or familial health care—such as a peak flow meter or thermometer—calculating timing or dosage of medicine, or voting on health or environmental issues. If people who promote health care, create policy, and develop health materials have a clear understanding of the problem of health literacy, procedures, policies, and programs can be developed to meet the health literacy needs of the average people.

Health-related activities take place in a wide variety of settings (home, work, community health-care institutions) and can involve a wide range of activities related to family, community, economics, leisure, and safety issues. The parent taking a child's temperature, the worker reading about proper procedures for handling materials, the shopper calculating the difference in salt content on the labels of two brands of canned vegetables, the patient reading about dental options, and the elder filling out an application for Medicare are all engaged in health-related tasks, in different environments, for different purposes, and with different types of materials. All are applying literacy skills to printed health information.

Definition:

Health literacy relates to how people access, understand and use health information in ways that benefit their health. People with low health literacy are at higher risk of worse health outcomes and poorer health behaviours.

Health literacy initially focused on the ability of individuals to read and understand medical information; however, the way information is delivered by health care professionals and organisations is equally important. Therefore, health literacy has 2 main components:

- Individual health literacy – these are individual skills, such as the ability to find, understand and use health information; for example, to complete health care forms or understand and use the health care system.
- The health literacy environment – these are the health system-based elements, such as policies, processes, and materials, which affect the way the individual engages with the health system

Health Literacy is defined as, “Emphasize people’s ability to *use* health information rather than just understand it”.

Some other definitions related to Health literacy are,

- Focus on the ability to make “well-informed” decisions rather than “appropriate” ones
- Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Importance of Health Literacy:

People with low health literacy are more likely to have worse health outcomes over all and adverse health behaviours, such as:

- lower engagement with health services,
- higher hospital re-admission rates
- poorer understanding of medication instructions
- lower ability to self-managed care.

In contrast, higher levels of health literacy are associated with increased patient involvement in shared decision making, which is important in patient-centred care. Improving health literacy is therefore a key element in allowing people to partner with health professionals for better health.

At the population level, low health literacy may be a contributing factor to health inequalities among certain groups. There is a strong association between some social determinants of health, such as lower levels of education and socioeconomic status, older age, and being from a culturally and linguistically diverse background, and low health literacy. Targeting health literacy programs at these groups has the potential to reduce health inequalities.

The COVID-19 pandemic highlights the importance of health literacy in the wider community. Throughout the pandemic, whole populations have been asked to understand and rapidly digest complex health concepts relating to infection, vaccination uptake and use of the health care system to produce a coordinated response to limit the spread of disease. Understanding health literacy levels among the population (and vulnerable sub-populations) helps the development and delivery of consumable and effective population health messages during such large-scale outbreaks.

Health literacy is important for everyone because, at some point in our lives, we all need to be able to find, understand, and use health information and services.

Taking care of our health is part of everyday life, not just when we visit a doctor, clinic, or hospital. Health literacy can help us prevent health problems, protect our health, and better manage health problems when they arise.

Even people who read well and are comfortable using numbers can face health literacy issues when

- They aren't familiar with medical terms or how their bodies work.
- They have to interpret statistics and evaluate risks and benefits that affect their health and safety.
- They are diagnosed with a serious illness and are scared and confused.
- They have health conditions that require complicated self-care.
- They are voting on an issue affecting the community's health and relying on unfamiliar technical information.

Problem:

Lack of health literacy poses a great threat to our nation's economic stability as health care expenditures are on the rise, along with an expanding population. As a result of overpopulation, access to quality health care and reliable health information can be difficult to come by. India also has an unusually high rate of illiteracy and poverty in both urban and rural areas, both of which contribute to low rates of health literacy. It is the general public who suffer from a lack of accurate health information.

The unequal status of women in Indian society also contributes to a lack of health literacy. Many studies have shown that the greater the education and social status of women in any given society, the healthier the community.

When organizations or people create and give others health information that is too difficult for them to understand, we create a health literacy problem. When we expect them to figure out health services with many unfamiliar, confusing or even conflicting steps, a health literacy problem is created.

Scope of the Study: The objective of the study is,

- To create awareness on public health and health literacy.
- To make sure that health information and services meet the needs of the public.
- To provide everyone with access to accurate health information
- Promote changes in the health care system that improve health information, communication , access to health services.
- To study the impact of health literacy on health disparities.

Data Collection:

The data is collected from the secondary sources like books, journals, websites, etc.

Methodology:

A qualitative study will be taken up in the urban settings in knowing the public health and health literacy.

Difficulties in promoting Health Literacy:

Illiteracy

About 41% of women and 18% of men of 15-49 years of age have never been to school. With such a large percentage of the population unable to read and understand the simplest of sentences, even in their own regional language, delivering accurate health is a task. If a patient with tuberculosis (TB) is not able to understand why he needs to continue taking his medications for at least six months, he is not likely to comply with his doctor's medical advice. This high dropout rate leads to the development of multi-drug resistant (MDR) TB.

The comparatively low rate of female literacy has also had a significant impact on planning and on the high rates of infant and maternal mortality. Many uneducated women are unaware of the types and amounts of nutrition that are important for their children to receive, which contributes to the highest rate of childhood malnourishment in the world.

Poverty

Despite being the world's fourth largest economy, many parts of India still suffer from distressingly high rates of poverty. Over 900 million people live on less than Rs 100 per day.

Even if people are educated about how best to eat and care for their health, many are unable to do so because they lack the ability to pay for the simplest foods and medicines. People who do not even have enough money to eat are not likely to have either the capacity or desire to learn about health issues.

Inequality, discrimination and traditional culture

Another barrier to health literacy in India is marked disparity in social status. While making gradual improvements, India still lags far behind the rest of the world in ensuring gender equality and non-discrimination.

It is shown that spacing births at least three years apart reduces the risk of infant mortality, one of the most serious problems in India. Nevertheless, many women are not knowledgeable about, or have no access to, family planning methods. The government spends a lot of money promoting family planning in the media,

but a lot of this is wasted because the services of experts in social marketing and advertising are not utilised effectively. The Health Ministry still uses age-old boring tools to try to educate the public -and they just do not work anymore.

Deep distrust of the prevailing medical system:

Public healthcare services in India suffer from a severe lack of adequately trained staff. The socioeconomic status of the family tends to decide what kind of practitioner is sought for treating illness. The poor usually rely on either registered medical worker near them or on local indigenous practitioners, as they are likely to give less expensive treatment and occasionally provide medicines on credit. While some families will seek treatment at government health centres, which are usually less expensive, wealthier families go to private health care facilities and doctors for their treatment.

There is a reluctance to utilise Primary Health Centres (PHC) and their sub-centres due to a number of factors, including long waiting times, long distances from home and unsuitable opening hours. In addition, in many places in India women are unable to go to the clinic without being accompanied by a male member of the family or an elderly female relative.

People report that the health centres have inadequate facilities (most do not even have electricity); and more often than not, they do not have any cost-free drugs on hand. Instead, most patients are given a prescription for medicines that they need to purchase on the open market at great expense. Despite the cost, most people prefer using private practitioners over government-run health services due to the greater ease of accessibility, and because private doctors were "more concerned about their problems."

Approaches to Improve Health Literacy:

Health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. Thus, health literacy means more than being able to read pamphlets and make appointments. By improving people's access to health information, and their capacity to use it effectively, health literacy is critical to empowerment.

Improving health literacy in populations provides the foundation on which citizens are enabled to play an active role in improving their own health, engage successfully with community action for health, and push governments to meet their responsibilities in addressing health and health equity. Meeting the health literacy needs of the most disadvantaged and marginalized societies will particularly accelerate progress in reducing inequities in health and beyond.

Adopting User-Centered Design: Adopting this design improves the outcomes, including those for people with limited health literacy. Health professionals should apply proven health literacy design principles and standards to health information and services.

Using a Universal Precautions Approach: The field of health literacy has adopted the idea of "universal precautions" from infectious disease to make the case that clear communication should be the basis for every health information exchange. Because it is impossible to tell by looking who may be infected with HIV or a similar disease transmitted through blood and bodily fluids, doctors, dentists, and other professionals follow a universal precautions approach. This means that they follow the same precautions, such as using gloves and other barriers, for every patient. Similarly, it is impossible to tell by looking who is affected by limited health literacy. For this reason, many health professionals advocate using a universal precautions approach to health communication. Several studies have shown that while interventions and materials that address health literacy barriers may have greater effects on individuals with limited health

literacy, many of those at higher health literacy levels also prefer and benefit from them. By adopting universal precautions, health professionals use clear communication with everyone, regardless of their perceived health literacy skills.

Targeting and Tailoring Communication : It is demonstrated that using targeted approaches to communication can improve selfmanagement and related health outcomes among patients with limited health literacy. Targeted approaches are adapted to meet the needs of specific groups of people, such as patients with limited literacy skills. Tailored programs and communication, on the other hand, are individually crafted based on the unique characteristics of each person. Additionally, interventions targeted for those with limited literacy skills have resulted in strong ratings for acceptability and usefulness of materials⁵⁶ and for improved medication dosing and adherence.

Making Organizational Changes: As awareness of health literacy has spread, the demand for tools to help organizations meet the communication needs of their patients has grown. Assessing an organization's strengths and weaknesses is often the first step in improving quality.

Developing a Society wide Health Response:

To improve health literacy, we must simultaneously address the multiple factors described in the opening pages of this plan. Development of health policy, programs, and financing must address the need for increased usability of health information and services. These can be done by

- Communication skills of health professionals
- Framing and knowledge of complex issues by the media and public health professionals
- Clarity and accuracy of health information
- Cultural and linguistic targeting of health information and services
- Public health infrastructure that facilitates and supports healthy behaviors
- Community, educational, and workplace infrastructures that facilitate and support access to health information

A responsive health system that eliminates barriers to clear communication and provides usable and actionable health information and services is equally important. The vision informing this plan is of a society that:

- Provides everyone with access to accurate and actionable health information
- Delivers person centered health information and services
- Supports lifelong learning and skills to promote good health

This is again dependent on other things like,

- Develop and disseminate health and safety information that is accurate, accessible, and actionable.
- Promote changes in the health care system that improve health information, communication, informed decision making, and access to health services
- Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level
- Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community
- To Improve Health Literacy develop guidance, and change policies
- Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy
- Increase the dissemination and use of evidence-based health literacy practices and interventions.

Conclusion:

Low health literacy is a threat to the health and well-being of Indians - and to the health and well-being of the Indian healthcare system. A health-literate India would be a richer and more productive country -and if we want to become a developed country, this is one of the first hurdles we need to cross. A health-literate India would be a society in which everyone is able to get safe high quality health care because, everyone has the opportunity to use reliable, understandable information that could make a difference in their overall well-being. Health and science content would get included in school curriculum. People would be able to accurately assess the credibility of health information presented by the media. Public health alerts would be presented to inspire people to take needed action. The cultural contexts of diverse people would be integrated into this content. Doctors would communicate clearly with their patients, using everyday vocabulary and there would be ample time for discussions between patients and doctors.

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