

## Blueprint for Health Literacy: Population education, community health innovation

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### Abstract

**Introduction:** The WHO submits that improving peoples' access to health information and enhancing their capacity to use it effectively are forms of health empowerment. Health literacy involves the acquisition of skills that are essential to effectively search for and obtain, process and interpret and use basic health information available. With the current national data on literacy rate in Nigeria, the future looks bleak for health literacy if appropriate and adequate measures are not put in place to address the problems. A functional health care system relies on efficient health literacy programme as the bedrock of health security. The goal of health literacy review is to establish the gaps and important roles of health literacy in the quest to enhancing health security.

**Methods:** This was an exploratory study design, using an empirical study guide that was developed from the set objectives. Appropriate search engine tools including Google scholar and desk review of documents and journal articles were used as a source of information. Information harvested were analysed thematically based on the themes from the objectives.

**Findings:** Factors influencing health literacy were identified and suggestions to address the observed gaps were highlighted. These include development and dissemination of health information that is accurate, accessible, and actionable, using all appropriate health promotion and education approaches. Increase in research funding, and evaluation of interventions are equally required.

**Conclusion:** The review has revealed the health status will improve when health literacy is fostered. Statutorily, all aspect of health care needs to subscribe to the philosophy of health literacy.

**Keywords:** Health literacy; Health information and Health security

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### Abstrait

**Contexte :** L'OMS affirme que l'amélioration de l'accès des populations à l'information sur la santé et de leur capacité à les utiliser efficacement est une forme d'autonomisation de la santé. La l'alphabétisation en matière de santé implique l'acquisition de compétences essentielles pour rechercher, obtenir, traiter, interpréter et utiliser efficacement les informations de base disponibles sur la santé. Avec les données nationales actuelles sur le taux d'alphabétisation au Nigéria, l'avenir semble sombre pour l'alphabétisation en matière de santé si des mesures appropriées et insuffisantes ne sont pas mises en place pour résoudre les problèmes. Un système de santé fonctionnel repose sur un programme efficace d'alphabétisation en matière de santé comme fondement de la sécurité sanitaire. L'examen de l'alphabétisation en matière de santé a pour objectif d'établir les lacunes et les rôles importants de l'alphabétisation en matière de santé dans le but d'améliorer la sécurité sanitaire.

**Méthodes :** Ceci s'agissait d'un plan d'étude exploratoire, utilisant un guide d'étude empirique développé à partir des objectifs fixés. Outils moteur de recherche appropriés, y compris le Google Scolaire et l'examen préalable des documents et des articles de journaux ont été utilisés comme source d'information. Les informations recueillies ont été analysées de manière thématique sur la base des thèmes des objectifs.

**Constatations :** Les facteurs influençant l'alphabétisation en matière de santé ont été identifiés et des suggestions pour remédier aux lacunes observées ont été mises en évidence. Ceux-ci comprennent le développement et la diffusion d'information sur la santé qui sont exactes, accessibles et exploitables, en utilisant toutes les approches de promotion et d'éducation santé appropriés. Une augmentation du financement de la recherche et une évaluation des interventions sont également nécessaires.

**Conclusion :** L'examen a révélé que l'état de santé s'améliorerait quand l'alphabétisation en matière de santé serait favorisée. De manière statutaire, tous les aspects des soins de santé doivent souscrire à la philosophie de l'alphabétisation en matière de santé.

**Mots clés :** Alphabétisation en matière de santé ; Information sur la santé et sécurité sanitaire

## Introduction

Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services that are required to make appropriate informed health decisions. Although, health literacy is a relatively new concept in health literature in Nigeria; however, globally, it has carved a niche for itself due to its far-reaching implications on health outcome and wellbeing [1-4]. According to [5], factors influencing health literacy in Nigeria include the culture and belief system, poor and ineffective communication, lack of education and low educational level, and low socioeconomic status. Low health literacy predisposes to poorer health status, poorer disease outcome, lack of understanding in the use of preventive services, frequent hospital visitations amongst others.

## Methodology

An exploratory qualitative study design was adopted for the review. The themes from the objectives of this presentation were subjected to some search engines including Google Scholar to access documents focusing on health literacy in Nigeria and other countries. In addition, desk review of empirical publications and journal articles were used as a source of qualitative data. These were analysed using thematic content analysis. Qualitative data obtained were used to present the findings under relevant sub-headings.

## Findings and Discussions

Based on the themes developed to search for germane information relevant to the objectives of the review, the findings were presented and discussed under the sub-headings below:

### Situation analysis

Despite the relevance of health literacy to health promotion activities in public health, the level of attention given to health literacy is less than required. Health information is an essential component of any strategy to promote health literacy, self-care, informed choice, shared decision making, medication adherence and self-management of chronic diseases [6]. Providing timely, relevant, reliable, impartial and easy to understand health information should be from trusted sources to achieve greater patient involvement in healthcare [7, 8]. In fact, health literacy is critical to empowerment and it helps to improve people's access to health information and their capacity to use the information effectively.

Poor health information can prevent people from making effective choices [7]. Besides, lack of

health information can be damaging to patients, their relatives, health professionals and the entire society [7]. Low health literacy contributes to socioeconomic disadvantage and may prevent individuals from fully engaging with society and achieving their life goals [9].

Low health literacy is associated with more hospitalizations, greater use of emergency care and poorer ability to demonstrate taking medications appropriately and interpret labels and health messages, and it partly explains racial disparities in a variety of outcomes [9]. In older adults, low health literacy is associated with worse overall health status and increased mortality [9].

Limited health literacy has been established as a major public health problem [10]. However, many obstacles exist that make this very challenging. Patients face economic barriers and difficulties in identifying and understanding quality health information. Studies show that most health information seekers go online right before or right after a primary care or specialist medical visit [11]. Low levels of health literacy are particularly prevalent among older, minority, immigrant, and low-income populations [12].

Because of less time allotted to patient's appointments, it is common for individuals to leave feeling confused, unable to recall what was discussed, or simply missing information. After appointments, or when new issues occur, consumers may have difficulty in accessing their providers, finding them to be unapproachable or too busy [13]. Patients often have to process health information independently without really knowing how to seek information or how to interpret the information they do find [13, 14]. In addition to the resulting gaps in patients' knowledge about their conditions and potential treatments, patients with low health literacy skills are at an increased risk of not knowing how to cope with serious medical conditions.

While the availability and accuracy of health information are important, so is the accessibility and readability of that information. It is common to encounter health information that is technically correct and accurate but is not presented in a manner that most people can understand and apply to their personal needs. Healthcare professionals need skills to more effectively communicate with patients from diverse backgrounds.

Health literacy is directly related to health outcomes [15, 16]. As a concept, health literacy comprises "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" [17]. It also provides

health care consumers with the opportunity to obtain, process, and understand the basic health information and services they need to make appropriate health decisions [18].

### **The Current Situation in Nigeria within the Framework of the International Benchmarks**

The major causes of adult illiteracy in Nigeria, which are related to health illiteracy can be summarised as:

- Problems in primary education (low enrolment rates, high dropout rates, inadequate facilities, poor teaching/learning materials, irrelevant curriculum)
- Poor enrolment rates in adult literacy programmes
- High drop-out rates linked both to economic problems which force adult learners to abandon classes in favour of income-generating activities and to problems relating directly to the adult literacy programme such as lack of relevance, funding issues and low morale among adult literacy instructors
- Literacy instructors not properly trained in facilitation skills and gender awareness
- The exclusion of women from adult education programmes

### **Health literacy forecasts in Nigeria by 2050**

In the past decades, researchers have noted education to be a strong determinant of health, impacting on both morbidity and mortality [19]. Empirical studies conducted in the past two decades revealed that inadequate adult literacy skills are strongly associated with less health knowledge, worse self-management skills, higher hospitalization rates, poorer physical and mental health, greater mortality risk, and higher health care costs [20].

According to the 2013 Nigeria Demographic Health [21], a total of 45.7% of the population in Nigeria is under 15 years of age. Forty per cent females and 28% of males in Nigeria have never attended school while 21% male 19% of females have primary education. In rural areas, 49% of females and 35% of males have no education. The proportion of Nigerians with no education increases with age. The proportion of females who have never attended any formal schooling increased from 26% among those aged 10-14 to 78% while for men, it is an increase of 65%. This means a significant percentage of Nigerians will be both illiterate and functional illiterate by the year 2050. Since limited or no education leads to low health literacy, it is

projected that the proportion of Nigerians with low health literacy will be significantly high by 2050.

Since 45% of our children aged 1-14 have never attended school, it means that by 2050 when these folks will be in their late thirties and forties, the health literacy problem in the country will be more pronounced than it is today. It is the educated people that ensure their children also get an education. Consequently, some of those who have no education are unlikely to educate their children thereby increasing the already bad situation.

### **SWOT Analysis of Health Literacy in Nigeria**

The SWOT analysis is a strategic analysis and planning tool used to evaluate the Strengths, Weaknesses, Opportunities, and Threats of a policy, a programme, a project or an intervention. The purpose of performing a SWOT is to reveal positive forces that work together and potential problems that need to be recognized and possibly addressed.

#### *Short, medium and long term plans with deliverables and budget estimate*

To improve health literacy as part of the short term (2018-2023) that will amount to creating awareness; medium plans (2024-2029), which is focusing on resuscitation and promotion of adult literacy programme with health components and long term plan (2030-2050), which considers policy development or reappraisal of Health Literacy efforts. Development of health policy, programmes, and financing must address the need for increased usability of health information and services.

### **Action plan to improve health literacy**

The Action Plan to Improve Health Literacy is a set of health literacy priorities to be addressed in Nigeria. In accordance with its mission, it will develop, implement, and evaluate programmes and provide resources to improve health literacy and healthcare facilities and institutions will strive to address the following five health literacy priorities. Priority 1: Incorporate health literacy improvement in the mission, planning, and evaluation programmes. Priority 2: Support health literacy research, evaluation, training, and practice.

Priority 3: Conduct formative, process, and outcome evaluation to design and assess materials, messages, and resources.

Priority 4: Enhance dissemination of timely, accurate, and appropriate health information to health professionals and the public.

**Table 1:** Showing the Possible SWOT Analysis of Health Literacy in Nigeria

No.	Strengths	Weaknesses	Opportunities	Threats
1	Improved communication; availability of IEC materials; educational institutions with health promotion and education and related courses	Poor implementation of policies even when and where available	Advent of social media; multiplicity of media houses both local and international	Religious and cultural dispositions to some health literacy programmes due to lack of trust and perceived negative effects
2	Strong online presence	Limited health literacy level among the populace	Rising literacy rates	Religious and cultural disposition to health literacy programmes. These conflicts play a major role in some interventions such as vaccination campaigns as has been witnessed in the past
3	Recognisable institutions focusing on literacy programme e.g. adult education class	Non-visibility of community library	Health Management Information System (HMIS): Information regarding outbreaks and information of public health importance and prevention that has scientific basis should be easily available	Ethnic and communal clashes
4	Availability of health education materials	Varying culture and belief system	Smartphones and mobile applications: The applications can be used to deliver appropriate health information to users, which may lead to better health management and lower use of health services e-health technologies	Insurgencies
5	Multiple formats targeting different audiences	Poor and ineffective communication in health systems	Involvement of development partners and NGOs: Development partners as well as NGOs are not only providing services but are also actively involved in educating people about health problems. NGOs are therefore instrumental in improving health literacy	Internally displaced population
6	Visually appealing media	Lack of education and low educational level	Achieving SDGs: From a global perspective, improving health literacy is essential for making progress on the Sustainable Development Goals	Lack of comprehensive sexuality education – the young adults and adolescents will benefit most from this and it will also help curb the growing population

No.	Strengths	Weaknesses	Opportunities	Threats
7		Low socioeconomic status	Information, Education and Communication (IEC) and awareness programmes: IEC and awareness is the backbone of health education. "Prevention is better than cure" is epitomised by IEC campaigns	
8			Health systems reforms	
9			Supports from international agencies and donors	

Priority 5: Design health literacy improvements to healthcare and public health systems that enhance access to health services.

#### *Possible Sources of Funding to Promote Health Literacy*

##### *International Funding Bodies*

1. National Institutes of Health (NIH), (<http://www.nih.gov>)
2. United Nations Educational, Scientific and Cultural Organization (UNESCO) <https://en.unesco.org/>
3. World Health Organization (WHO) ([www.who.int](http://www.who.int))

##### *Local Funding Bodies*

4. Dangote Group of Companies (Conglomerate)
5. NUC
6. Health Product Manufacturers (Evans Medicals, Merit Health Limited, Beecham, Nestle, Friesland Campina, etc.)
7. Local NGOs
8. International NGOs based in Nigeria
9. The LGAs, State Government and Federal

#### **Monitoring and Evaluation**

Measuring individual health literacy has often been the first step in addressing health literacy amongst target populations. But in order to align people's skills and abilities with the complexities of navigating a health service, it is necessary to assess whether the service is accessible to clients. Planning, monitoring and evaluation ensure a health literate organisation with a focus on client-centred care.

Proper evaluation of the entire achievement of health literacy programme will be fostered by the development of a Goal of the programme and how this will be achieved through the setting of Specific Objectives that will showcase what will be done to achieve the goal. Poorly set specific objectives will lead to a disastrous outcome of the goal set for health literacy intervention programme. The need for setting appropriate and feasible timelines is very important in programme evaluation.

#### **Conclusion and Recommendations**

Health Security can only be ensured when people have the ability to comprehend what they need to do to remain healthy and where they should go in case they need help without any form of restriction or hindrance of any form. Health literacy has the key to whatever health intervention programmes that are put in place to ensure Health Security by the year 2050. In achieving this, the following are recommended:

##### ***Strengthening partnerships***

The activities of the various organisations and agencies working towards adult literacy should be streamlined in order to make optimum use of meagre resources and minimise unnecessary squabbles and rivalries.

##### ***Literacy survey***

A national assessment of literacy levels and practices is essential if Nigeria is to present a realistic account of its Universal Basic Education achievement by the year 2015 when the assessment of EFA goals will be

conducted. The reliance on citizens' self-reporting on literacy must not continue. For a literacy programme to be relevant and meaningful; a baseline survey/needs analysis is required.

### Training

There is a need to recruit and train competent adult education personnel who will be motivated to support policies and programmes on adult education throughout the country. Without an adequate number of good facilitators and administrators, no amount of funding will yield the desired results.

### Mass literacy campaign

In order to address the poor literacy rates and low enrolment, the Government, in collaboration with NGOs and local communities, should ensure there is improved access to quality non-formal education for adults and out-of-school young people, especially girls and women. The Federal Government should as a matter of urgency set the machinery in motion to institute another mass literacy campaign that will be effectively carried out.

### Funding

Perhaps the greatest challenge facing education in Nigeria is inadequate funding by federal, state and local governments. At all levels, adult and non-formal education suffer seriously from under-funding. If Nigeria is to attain Sustainable Development Goals, there is a real need to consult widely and come up with a reliable and workable funding mechanism. The Federal Government must support workforce literacy by developing tax incentives, infrastructure development and support, public awareness campaigns and supportive policies to ensure accessibility of literacy and numeracy skills training to the masses. State and local governments need to take greater responsibility and treat adult education with the seriousness it deserves. National Orientation Agency can be supported to perform this role.

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