Health Literacy: An Indicator for Health Promotion

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New health care created new needs and people have to make correct decisions for their health. As such ‘health literacy’ became an important factor for promoting public health and enhancing the quality of health care. It has been in the core attention of policy makers. Health literacy is beyond the ability to read, write and understand the meanings of words and numbers, and rather it includes a set of reading and listening skills, as well as analysis, decision making and the ability to apply these skills in health settings. In fact, it does not necessarily relates to the years of education or simply reading ability. Health literacy ‘is the person’s capacity to obtain, process and understand basic information and health services that are necessary to making proper decisions’ [1-5].

It is worth noting that assessment of health literacy does not test the public’s general information on health and should not be viewed from such a perspective.

Health literacy is a set of individual, social and cognitive capacities and skills that facilitate peoples’ access to health information and understanding and ultimately practicing it in order to achieve a better health. Evidence indicate that health literacy in addition to association with age, education level, gender, socioeconomic status, insurance status and the status of utilization of health services, is a stronger predictor of health [6-11].

Scientific documents published on the impact of health literacy on individuals’ health suggest that many of the adverse consequences related to health can occur as a result of inadequate health literacy. People with inadequate health literacy have little knowledge about methods of disease prevention, poor self-care and less preventive care skills, especially against chronic diseases and have more problems in their treatment, are more confused with the media health messages, may not understand medical care

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trainings and interpret them wrongly, are less likely to understand and thus practice/serve the written and oral recommendations of health professionals, less likely share their problems with the health care staff, have more trouble in finding appropriate health care services for themselves and their children, are less likely to follow up their health condition, have higher rates of admission and visit to the doctor, and impose more health costs to the health system. Accordingly, we can say that health literacy is an important indicator for monitoring individuals’ health. Perhaps measuring health literacy while reducing health costs, can lead to health improvement. Although national assessment of health literacy in Iran is new, the results of two large studies (using different tools) have shown that the situation of this index in the country is not optimal. However, it is expected that, with the spread of information networks to some extent overcome the problem. It seems that we need to allocate a significant portion of healthcare resources for education and health literacy improvement interventions, and inclination toward a dynamic and continuous move to achieve an appropriate and satisfactory level of health and equity in health and access to health services.

References


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