

Importance of Health Literacy in India

Vineeta Singh

Km. Mayawati G. G. P. G. College, Badalpur, G.B. Nagar

E-mail: vineetasingh959@yahoo.com

Abstract—Health Literacy has been defined 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. 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. Although health literacy is a problem worldwide, it needs to be addressed urgently in India. Ours is the second-most populated country in the world, with a population of 1.2 billion, only slightly behind China. Health Literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment. 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. Today, low health literacy is a threat to the health and well-being of Indian healthcare system. Low health literacy reduces the success of treatment and increases the risk of medical error. Health literacy is essential to promote healthy individuals and communities. 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.

Keywords: Health Literacy, health care, medical facility.

1. INTRODUCTION:

Health literacy is a term not widely understood by the general population. It is defined as “the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness” . Taking care of ourselves is an important part of life. But more than that, we should be able to prevent, manage and understand any health problems that arise. This is called health literacy. A person's level of health literacy is based on their age, education level, socioeconomic standing, and cultural background. Patients with low health literacy have a more difficult time navigating the health care system. According to the U.S. Department of Health and Human Services, this group of patients may find it harder to find medical services and health care providers, fill out health forms, provide their complete medical history with their providers, seek

preventative care, understand the health risks associated with some behaviors, taking care of chronic health conditions, and understanding how to take prescribed medications (About health literacy, 2014). It is to a certain extent the patient's responsibility to increase their own health literacy knowledge. Health literacy is much more than being able to read. The National Network of Libraries of Medicine (NN/LM) wrote that it requires several skills: reading and listening, as well as analytical and decision-making, then the ability to apply these skills together when it comes to health situation. The unequal status of women in Indian society also leads to a lack of health literacy. If women are not empowered and educated to take care of their family's health and make the right medical decisions, it is far more likely that greater rates of illness will result.

Health Literacy promotes empowerment, which in turn is vital for achieving the internationally agreed health and development goals as well as the emerging threats such as from the pandemic influenza, climate change and non-communicable diseases.

In addition to basic literacy skills, health literacy requires knowledge of health topics. People with limited health literacy often lack knowledge or have misinformation about the body as well as the nature and causes of disease. Without this knowledge, they may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes. Health information can overwhelm even persons with advanced literacy skills. Medical science progresses rapidly. What people may have learned about health or biology during their school years often becomes outdated or forgotten, or it is incomplete. Moreover, health information provided in a stressful or unfamiliar situation is unlikely to be retained.

2. MOST AFFECTED SEGMENT:

Low health literacy affects everyone, but as the National Academies wrote, the chronically ill and elderly are most at risk. They also have the highest health care needs and expenses. Populations most likely to experience low health literacy are older adults, racial and ethnic minorities, people with less than a high school degree or GED certificate, people with low income levels, non-native speakers of English, and

people with compromised health status. Education, language, culture, access to resources, and age are all factors that affect a person's health literacy skills. People with poor health literacy may find themselves overwhelmed by a health condition because their abilities and skills don't match up to the demands on them and/or the complexity of the current health care system.

3. NEED OF HEALTH LITERACY:

Health literacy affects people's ability to navigate the healthcare system, including filling out complex forms and locating providers and services, share personal information, such as health history, with providers engage in self-care and chronic-disease management, understand mathematical concepts such as probability and risk

- Health literacy is important because it helps people find the right health care and services, take care of a chronic condition or disease, or simply maintain their health and wellness.
- Health literacy is fundamental to healthcare that requires individuals to have a more active role in decisions and management.
- Health literacy requires more than the transmission of information, it will explore the latest developments in participatory approaches to determine how people can develop the skills, knowledge and efficacy to act on that knowledge in order to maintain good health.
- Health literacy aims to influence not only individual lifestyle decisions, but also raises awareness of the determinants of health, and encourages individual and collective actions which may lead to a modification of these determinants.

4. OBSTACLES OF HEALTH LITERACY:

What is remarkable about India is that there is such a sharp contrast between the haves and the have-nots. Health care facilities in some cities are so good that they rival that of the most developed nations (for example, Mumbai has more MRI scanners than London). However, there are still many states with health care that is regarded as being among the worst in the world. Though considerable progress has been made in the past few decades to improve the availability of health services, it has not necessarily led to an increase in their utilization. Why is it so much harder to promote health literacy in India:

Lack of Educational Opportunities:

The number one cause of poverty and illness in India is illiteracy. A whopping 41% of women and 18% of men 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 (of which there are several hundreds, which adds to the

complexity of the problem), delivering accurate health is a daunting task. If a patient with tuberculosis (TB) is not able to understand why he needs to continue taking his medications for at least 6 months, he is not likely to comply with his doctor's medical advice. This high drop out rate leads to the development of multi-drug resistant (MDR) TB.

The comparatively low rate of female literacy has had also a significant impact on family 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 child to receive, which contributes to the highest rate of childhood malnourishment in the world. Even many of the workers at the public health centers who are specifically trained to teach women about how to feed their children are not aware of what constitutes good and adequate nutrition, as many themselves are illiterate.

4.2 Financial Constraints:

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. The Indian government currently devotes a mere 1% of its GDP to health care costs, much less than what many poor African countries spend. The government has pledged to raise that amount to 2% to 3% of GDP, but it still falls far short of what most developed countries spend on health care, ranging from approximately 6% to 8%.

Even if people are educated about how best to eat and care for their health, many are unable to do so through lack of 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. This becomes a chicken and egg issue, where poverty contributes to poor health literacy, which in turn leads to even poorer health.

4.3 Social Discrimination and Traditional Culture:

Another barrier to achieving health literacy in India is the marked disparity that exists in social status. While making gradual improvements, India still lags far behind the rest of the world in social issues such as gender equality and non-discrimination against people from certain walks of life. Women are effectively viewed as second-class citizens and often receive discriminatory treatment. Many people still see women's primary role as being to marry and have children. In some areas women are barely past puberty when they are married. Not only is this damaging to the woman's mental and physical health, it can also be harmful for her children, who often suffer from intrauterine growth retardation. Studies have 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

4.4 Lack of faith in the medical system:

Public healthcare services in India suffer from a severe lack of adequately trained staff, and knowledgeable about, or have no access to, family planning. 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 utilized effectively. The Health Ministry still uses age-old boring tools to try to educate the public – and they just do not work anymore.

4.5 Orthodox mindset :

Most young unmarried women will discuss their health problems with their mothers, elder sisters, or married women in the neighborhood rather than see a physician, married women will discuss their health problems with other women in the village and most often try a herbal or home remedy suggested by these women or will see a local indigenous medical practitioner rather than go to a medical centre.

Most men discuss their health issues with other men in their peer group and less than half consult with their wives, as they feel their wives could neither treat the problem nor did they have sufficient knowledge to be able to give their husbands good advice. The elder male members of the family were almost universally the ones who made the decision as to when to seek professional medical care, particularly when it involved a major expenditure. Occasionally an elder female member of the family could make these decisions, but it was rare. Even in the case of illness in the women or children of the family, female members of the family are generally required to follow the advice of their mother-in-law, husband or elder family members before seeking professional medical treatment.

If home treatment has not worked and the condition becomes aggravated, then the help of a practitioner from a nearby clinic is sought, irrespective of that clinician's qualifications. Only in cases of severe illness will they usually seek treatment in a certified medical facility in a more distant town or city. The socioeconomic status of the family tends to decide which type of practitioner is sought for treating illness. The poor usually rely on either registered medical workers 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 centers, which are usually less expensive, wealthier families go to private health care facilities and doctors for their treatment.

4.6 Lack of medical facilities:

Furthermore, people report that the health centers 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 they need to purchase on the open market at great expense. The health centre staff is often unmotivated and

lacking in compassion, with many refusing to treat poor patients. 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.

4.7 Scheduled Tribes, rural villages and slums:

Approximately 72% of the Indian population lives in a rural area, and over 84 million people are members of a Scheduled Tribe. Tribal populations suffer from more severe and longer-lasting illnesses than that of the general population due to a number of factors. Poverty is one of the primary causes, with Scheduled Tribes accounting for 25% of the country's poorest people. Access to remote villages is limited by bad roads and by poor (and expensive) transportation options. Medical facilities, with staff who can be insensitive or discriminatory toward Tribal members, are often a significant distance from many of these rural villages and most Tribal people cannot afford to get to them; even if they had the money for transportation, most could not afford the cost of services or the drugs prescribed, all of which must be paid for out-of-pocket.

Malnutrition is rife, and problems accessing potable water, along with lack of sanitation and understanding of the importance of personal hygiene leads to these populations having greater vulnerability to disease. India's slums do not fare a great deal better. The people living in these slums suffer from poor utilization of the reproductive child health services provided by the government, lack of awareness regarding birth spacing, and very low use of contraceptives. Literacy and age at marriage are not raised in spite of laws made by the government leading to an exacerbation of the problem of overcrowding and lack of resources that contribute to poverty, illiteracy and ill health.

5. HOW TO IMPROVE HEALTH LITERACY :-

Limited health literacy can literally harm your health. If you have trouble understanding instructions, you may have a hard time managing a health condition or taking your medicines correctly. You may end up in the hospital more, spend more on health care, and have poorer health. Limited health literacy can also decrease your chances of getting important tests, like mammograms, or helping a loved one with his or her care.

1. The primary responsibility for improving health literacy lies with public health professionals and the healthcare and public health systems. We must work together to ensure that health information and services can be understood and used by all. We must engage in skill building with healthcare consumers and health professionals. Adult educators can be productive partners in reaching adults with limited literacy skills.
2. Develop and disseminate health and safety information that is accurate, accessible, and actionable

3. Promote changes in the health care system that improve health information, communication, informed decision making, and access to health services
4. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level
5. Build partnerships, develop guidance, and change policies
6. Increase basic research and the development, implementation and evaluation of practices and interventions to improve health literacy
7. Increase the dissemination and use of evidence-based health literacy practices and interventions
8. Humans are visual creatures. Presenting health information with visuals allows patients see the information in a different way and helps make information that that's dry and boring into something that's interesting and engaging.
9. Various awareness programs conducted by government such as national eradication programs in prevention of Poliomyelitis, Malaria, Tuberculosis, etc., and some awareness programs on maternal health, pediatric health, etc. are promoting health literacy by educating the people on diseases and its preventive method.
10. Communication skills of health professionals
11. Framing and knowledge of complex issues by the media and public health professionals
12. Humans are visual creatures. Presenting health information with visuals allows patients see the information in a different way and helps make information that that's dry and boring into something that's interesting and engaging.
13. Clarity and accuracy of health information
14. Cultural and linguistic targeting of health information and services
15. Public health infrastructure that facilitates and supports healthy behaviors
16. Community, educational, and workplace infrastructures that facilitate and support access to health information
17. If someone has poor health literacy doesn't mean they're unintelligent. It just means that they don't understand complex medical terminology. Instead of just using jargon, make sure to define any medical terms in a way that's easy for people to understand. Clearly present the information they need to know and organize lengthy pieces of information into shorter sections that are quicker to read and understand.

6. GOAL TO ACHIEVE:

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 be basic components of school curriculum.
- People would be able to accurately assess the credibility of health information presented by the media.
- Public health alerts are presented in terms so that people can take needed action.
- The cultural contexts of diverse peoples are integrated into all health information.
- Doctors communicate clearly during all interactions with their patients, using everyday vocabulary and there is ample time for discussions between patients and doctors.

7. CONCLUSION:

The People having low health literacy may possess weak communication skills on health related issues may lead to improper diagnosis of their health condition and inappropriate usage of medication and using of health care services. Health literacy plays a key role on the overall health and wellbeing. Multiple factors like proper usage of health care services, communication of health issues with health care providers, leading healthy lifestyle, good hygienic conditions, taking preventive measures like immunization, which might show to impact an individual's physical and mental wellbeing are directly or indirectly associated with health literacy. So it is suggested that promoting health literacy will make a healthy community, and it should be considered as a primary public health goal.

REFERENCES

- [1] Das, Mou Mukherjee: Achieving health literacy in india- A study of the communication challenges in empowering the common man . Planning Commission of India
- [2] Dr.Maipani : Promoting Health Literacy in India - A unique challenge.
- [3] Nutbeam, D.(2008):The evolving concept of health literacy.
- [4] Zarcadoolas, C, Pleasant, A , Greer.D(2006) .: Advancing Health Literacy: "A Framework for Understanding and Action"; Jossey Bass-A Wiley Imprint