

ACCESS AND CONTRIBUTION OF HEALTH LITERACY TOWARDS HEALTHY AGING

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Abstract

The study was intended to assess access of old adults aged 60 and above to health literacy skills and contributions of health literacy towards healthy aging. Focus areas include (1) access to health literacy service and experiences of the target group in improving their health literacy skills (2) experience of the target group in using learned health literacy skills to maintain their healthy aging (3) contributions of health literacy towards healthy aging. Analysis was made based on the primary data collected from 52 old adults from Gandhinagar Village of Kottayam District Kerala state of India. The result of this study indicates that only 21.1 percent of the target respondents have access to health literacy skills. The majority of the target respondents were experiencing limited access to health literacy skills through non-formal and informal way of communication about health issues. Only 6 percent of the target respondents have a regular program to update their health literacy skills. Of the total target group under this study, 80.8 percent have no trend of using learned health literacy skills to maintain their health conditions. The study finding out that, as one aged 60 and above, the access to health literacy services will decline regardless of his/her literacy level. Lifelong Learning in any of its forms contributes to advance health literacy skills of both literate and illiterate old adults. A health literacy skill of adult aged 60 and above has direct contributions in maintaining his/her health conditions.

Key-terms: Literacy, Health literacy, Lifelong learning, Old adults, Healthy aging.

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1. Introduction

Health and education are the two mutually interrelated aspects of human beings. Thus health is vital to education and education is also an essential to health. Healthier people have better achievement and are more productive. Similarly education is a basic key in advancing health literacy skills of the people, so that to acquire necessary information and knowledge about health issue and to make appropriate decisions. Literacy influences people's ability to access information. Thus low literacy level of old adults limits their ability to access health information, learning about disease prevention and health promotion, and to communicate about health issue with other people.

Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (Quick Guide to Health Literacy, 2000).

However, in some cases health information is presented in ways that are not usable by most old adults. Thus limited health literacy occurs when people cannot find and use the health information and services they need. Without clear information and an understanding of the information's importance, people are more likely to skip necessary medical tests, and have a harder time in managing chronic diseases such as diabetes, high blood pressure, and heart case.

Even though getting older is a natural phenomenon of human being, it is not true that everybody will pass through it; and this is because of different factors such as premature death and diseases. In other words, relatively very few people can enjoy the process of aging from its positive aspects. It is this positive aspect of getting older that we call it healthy aging. Therefore, Healthy aging can be defined as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as it allowing people to realize their potential for physical, social and mental well-being throughout the life course (NARI, 2012).

Healthy aging envisions staying on track towards a long term productive engagement in life, and it contributes to effective and efficient utilization of human resources to increase the delivery of products and services so that to satisfy socioeconomic demands. Therefore, this paper aimed to contribute research knowledge in the area of importance of lifelong learning to improve health literacy skills of old adults, so that to promote aging gracefully.

1.1. Objectives of the Study

- To assess the access of health literacy services for old adults, and experience of the target group in improving their health literacy skills.
- To examine the trend of the target group in using learned health literacy skills to build healthy life style and to enjoy healthy aging.
- To examine the contribution of health literacy towards health condition of old adults.

1.2. Material and Methods

This study adopted descriptive survey research design. A logical sequence that connects the analysis and discussion of the primary data and observation of the researcher to the objectives of the study was used to draw conclusion of this research. Snowball sampling method was employed to select target respondents of 52 old adults aged 60 and above from Gandhinagar Village of Kottayam, Kerala, India. To come across the attainment of the objective of the study, the real life experience of the target respondents were needed, Thus Semi-structured interview was used to collect necessary data from the source. Finally, percentage value was used to analyze primary data through descriptive approach.

1.3. Results

Based on the objectives of this study, a survey of 52 old adults aged 60 and above of which 48.1 percent were women was conducted. Accordingly, the demographic information of the respondents shows that, 53.8 percent are aged 60-65 years, 36.5 percent aged 66-70 years, and 9.7 percent are aged above 70 years.

Regarding to their literacy level, 59.7 percent of the respondents were literate while the remaining 40.3 percent of which 28.9 percent were women cannot read and write. The data also shows that only 21.1 percent of the respondents have access to health literacy skills. The remaining 78.9 percent have limited access to health literacy. Data also shows that 19.2 percent of the total respondents of which 2.6 percent are from respondents with limited access to health literacy skills have trend of using learned skills.

Table 1: Percent distribution of respondents in terms of age, sex, literacy level and access to health literacy services

Age (year)	Sex, literacy and access to health literacy services								Total
	Male				Female				
	Literate		Illiterate		Literate		Illiterate		
	ahs	lahs	ahs	lahs	ahs	lahs	ahs	lahs	
60-65	6 (11.5)	3 (5.8)	- (-)	4 (7.7)	3 (5.8)	4 (7.7)	2 (3.8)	6 (11.5)	28 (53.8)
66-70	- (-)	12 (23.1)	- (-)	2 (3.8)	- (-)	3 (5.8)	- (-)	2 (3.8)	19 (36.5)
Above 70	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	5 (9.7)	5 (9.7)
Total	6 (11.5)	15 (28.9)	- (-)	6 (11.5)	3 (5.8)	7 (13.5)	2 (3.8)	13 (25)	52 (100)

Source: Data from field survey

Note: ahs = access to health literacy services

lahs = limited access to health literacy services

1.4. Discussion

Objective (1): Regarding the access of health literacy services, data shows that only 21.1 percent of the respondents have the access to health literacy services. This implies that only one out of ten old adults under study area has access to health literacy services. Their possible sources include visiting their doctor, reading health related books, news paper and watching health related video. Accordingly, visiting their doctor (27.2 percent), through reading health related books and news paper (35.3 percent), and 37.5 percent through watching health related video. Of this group, only 27.2 percent have a regular program to uphold their health literacy skills.

The majority of the respondents, 78.9 percent have limited access to health literacy services. But 2.6 percent of this group also have an experience of communicating with family

and other community members about health issue. This indicates that health literacy skills can be acquired not only from the formal public health service but also from lifelong learning in its non-formal and informal forms. This includes health related non-formal community education and learning from daily life activities through communicating with family, friends and community members in health issues.

Objective (2): Regarding the trend of the target group in using their health literacy skills to improve their healthy life style, only 19.2 percent of respondents of which 2.6 percent were among those who have less access to health literacy skills were used the learned skills to keep their health condition better.

This study also shows that, regardless of its type, frequency and time it takes to exercise, all of the respondents have time to physical exercise including simple mobility in their compound and walking around their village. It was also observed that those who have better literacy level and health literacy skills were in the better health condition and they were physically strong enough. This is consistent with the theoretical back ground of this study, which states that, literacy has a great effect on acquiring, understanding and using the appropriate health information (WHO, 2013). But this does not mean that people with low literacy level has no health literacy skills, as this study shows that, regardless of its level respondents from both groups had health literacy skills that acquired from different sources.

As various contributions are needed in maintaining health condition of an individual, and nourishment is the first among others, data shows that 96 percent of the respondents were vegetarian and they responded that as their food style contributes to maintain their health conditions. This implies that getting a balanced diet in appropriate manner can maintain and prevent one's cells from getting old and die. Refreshing cells and muscles by providing balanced diet to the body and through physical exercise can even slow the pace of getting old and keep the health condition better up to the last stage of one's life.

Objective (3): Regarding to the contribution of health literacy skills to keep up health condition of old adults aged 60 and above and stay healthy, the survey data of this research shows that 82.4 percent of the respondents who have access to health literacy services have a trend of using learned skills to maintain their health condition and stay healthy. In the other hand only 2.6 percent of the target respondents with limited access of health literacy skills had experience of using health related information that acquired through communicating with family and other

community members during their daily life activities. This implies that, health literacy skills can affect individuals' abilities to maintain his/her health condition and stay healthy. In other words, health literacy skills of old adults aged 60 and above has a significant positive association in maintaining their health conditions and stay healthy.

1.5. Conclusions

Through linking the findings and discussion of this paper to the objectives of the study, the following conclusions were reached.

1. Old adults aged 60 and above in the study area, have low access to health literacy services. As one aged 60 and above the access to health literacy services will decrease regardless of their literacy level.
2. Regardless of their literacy level, adult women aged 60 and above have less access to health information than men in the same age group.
3. The experience of old adults aged 60 and above in the study area in using learned health literacy skill to maintain their health condition and to stay healthy in old age is less. Physical exercise including simple mobility in the compound and around the village plays a great role to maintain health condition of both literate and illiterate old adults and stay healthy.
4. There is a direct positive association between health literacy skills of old adults and healthy aging.
5. Enhancing health literacy is a lifelong process and positively contributes to healthy aging. Therefore, improving health literacy skills of the society through lifelong learning in all of its forms (formal, non-formal, informal) can play a significant role to promote healthy aging; and it has individual, social and economical benefit.

1.6. Recommendations

- As promoting lifelong learning contributes to improve health literacy skills of both literate and illiterate old adults, community based non-formal education program which focused on health condition of old adults should be developed at village level.
- Community based health information and guidance centre which targets old adults should be developed at village level as it helps them to maintain their health literacy skills so that they stay healthy.

- Community based elderly persons recreation center should be developed, so that they can maintain both their physical and psychological conditions leads to healthy aging.

List of Abbreviations

NARI	National Aging Research Institute
UAB	University of Alabama at Birmingham
WHO	World Health Organization

Acknowledgement

We would like to give our gratitude to Mr. Lote Rutare for his invaluable contribution in coordinating and assisting field survey. We also like to extend our respectful thanks to all research respondents for their cooperation in providing necessary data for this study.

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