

Improving health literacy in Pakistan — “a new oil in old lanterns”

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Madam, a myriad of chronic diseases exerts deleterious effects on health worldwide. Cardiovascular diseases (heart disease and stroke) account for about 24% of all deaths, cancer and tuberculosis 2.4% each, chronic respiratory diseases 5.8%, HIV/AIDS 3.1% and diabetes 2.2%.¹ A major cause for the toll they take is inadequate health literacy; an entity created and refined in the developed countries but unexplored in Pakistan.

WHO defines Health Literacy 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.”² It is associated to health education which aims at improving health literacy and is assessed by numerous questionnaires created and refined over the past two decades.

So why is a patient with inadequate health literacy disadvantaged? It creates a formidable obstacle in creating sufficient self-management knowledge and skills in patients with chronic diseases thus culminating in massive financial losses. Even in a developed country like America, a past study showed nearly half of all American adults (about 90 million people) to have limited health literacy resulting in a higher rate of hospitalisation and use of emergency services.³ Patients have deficiencies in deciphering oral communication, reading prescriptions and medication labels and thus creating a concept about disease risk. This is more common amongst the less-educated, immigrants, older patients, racial and ethnic minorities, those with chronic ailments and is especially prevalent in public hospitals.⁴ Such patients are usually reluctant to ask questions from clinicians and participate in making decisions about clinical treatment.⁵ Foreign studies demonstrate a reduction in the above mentioned complications when physicians were made aware of their patients’ inadequate health literacy thus encouraging them in using individualised recommended modes of communication that were better understood.⁵

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Few studies have been conducted in the developing countries but those done show strong promise. The HEAL project in Nepal aimed at improving family planning knowledge, a study done in Bangladesh to improve health literacy against highly prevalent diarrheal diseases in children, improving health literacy regarding family planning and anaemia in pregnant women in India, and against HIV/AIDS in African countries by WHO are a few illuminating examples.⁶

Pakistan has a diabetes prevalence of 7.1 % (resting at the seventh spot globally!), coronary artery disease prevalence of 26.9% of adults above 40 years, a hypertension prevalence of 24% above 18 years age and the list goes on to include tuberculosis (ranked 6th globally) and hepatitis B and C (10 million carriers nationwide).⁷ Considering the triad of these highly prevalent chronic diseases, abundance of causes for low health literacy, and presence of a marked mismatch between demand and resource in a developing country like Pakistan, improving health literacy could serve as a generalised and cost-effective saviour. Thus, patients with inadequate health literacy should be identified by translating standard questionnaires into native languages followed by a professional tailoring of health education as a first step to improving health literacy.

References

1. World Health Organization. The top 10 leading causes of death by broad income group. (Online) 2008 (Cited 2012 July 27). Available from URL: <http://www.who.int/mediacentre/factsheets/fs310/en/index.html>
2. World Health Organization. WHO: Health literacy and health behaviour. (Online) 2011 (Cited 2012 July 10) Available from URL: www.who.int/healthpromotion/conferences/7gchp/track2/en/.
3. Baker DW. The meaning and measure of Health Literacy. *J Gen Intern Med* 2006; 21: 878-83.
4. No author listed. Health literacy: report of the Council on Scientific Affairs. Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs, American Medical Association. *JAMA* 1999; 281: 552-7.
5. Seligman HK, Wang FF, Palacios JL, Wilson CC, Dahee C, Piette JD, et al. Physician notification of their diabetes patients' limited health literacy: A randomized, controlled trial. *J Gen Intern Med* 2005; 20: 1001-7.
6. Irving Rootman. Health Literacy in other countries; Literacy Across the Curriculum Focus - Vol.17. No.2, Pg. 11. (Online) (Cited 2012 August 9). Available from URL: centreforliteracy.qc.ca/sites/default/files/Healthlit_oth-countrys.pdf.
7. Ministry of Health, Government of Pakistan; National Health Policy 2009 stepping towards a better future. (Online) (Cited 2012 August 4). Available from URL: www.pc.gov.pk/Policies/Health.doc.