

PERSPECTIVES ON LITERACY AS A TOOL FOR HEALTHY LIVING

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ABSTRACT

This study investigated perspectives on literacy as a tool for healthy living of the people. The study was conducted due to the significant role of literacy as an instrument of empowerment to improve one's health. The study adopted descriptive research design of the survey type. A sample of 1675 respondents that comprised of 1032 literates and 643 illiterates was selected through purposive and simple random sampling techniques from two local government areas of Ekiti state. An instrument tagged 'Perspectives on Literacy for Healthy Living Questionnaire (PLHLQ)' was used to collect data from the respondents. The instrument was validated by experts and tested for reliability at 0.71 coefficients through test-re-test method. Data collected were statistically analysed using mean, standard deviation and student t-test at 0.05 level of significance. The result of the study showed a significant difference between literates and illiterates' perspectives on literacy as a tool for healthy living. The study also revealed significant gender difference in perspectives on literacy for healthy living. Based on the findings, it was recommended that government should introduce more effective ways of encouraging illiterates to have access to and attend literacy programmes so as to maintain healthy living.

KEYWORDS: Literacy, Understanding Information, Healthy Living, Health Literacy

1. INTRODUCTION

In this modern age, literacy has gone beyond being recognised as mere reading, writing and numeracy. It has developed into reading to acquire knowledge and writing to critically understand whatever is written. Traditionally, literacy is defined as the ability to read, write and calculate at an adequate level of proficiency that is necessary for communication (Dada, 2011). The United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2004) defines literacy as the ability to identify, understand, interpret, create, communicate and compute using printed and written materials associated with varying contexts. Literacy involves a continuum of learning in enabling individuals to achieve their goals, to develop their knowledge and potentials and to participate fully in their community and wider society.

Literacy forms the foundation of education which enables individuals to be conscious about their health status.

Health literacy can be described as the ability to read, understand and use basic health or health care information to guide one's health so as to eat well, live well, stay healthy and recover from illness. It is also referred to as the ability to obtain, process and understand basic health information. It requires literacy for health talks, health programmes on radio and television to be clearly understood. There are several fliers, pamphlets, magazines, newsletters on health tips today especially on prevention of HIV/AIDs and other chronic diseases. Books like 'where there is no doctor'; 'every woman' and many others are common in bookshops to guide people on their health. In hospitals/health centres, posters on health tips are pasted on walls to enlighten people on diseases like diarrhea, malaria, HIV/AID and how to prevent them.

People essentially need literacy to be able to read, understand and use the information on these print materials for personal health development. It is a common practice to see illiterates seeking assistance when given medical instructions. Such people take prescription sheets to literates around them to interpret what the doctor recommends. In order to ensure effectiveness (not to exceed the recommended dosage or under use the drug), they also need help on how to administer the drug in the language they understand.

According to Jegede et al (2010) literacy is value-laden, routed in development and is a tool for changing one's world view, perception, value system, outlook of events and situations. In recent times, the people living with AIDS in Nigeria converged at the National Assembly to show their grievance and protest against non passage of the bill against their stigmatization. This move was possible due to awareness, knowledge and literacy level of the affected people. Ignorance has been found to be one of the problems militating against wide acceptance and use of modern contraceptive (Aladelokun, 2008). This is due to illiteracy prevalent in many developing countries. The uneducated and illiterates cannot read and comprehend inscriptions on modern contraceptives. They are more likely to carry and or believe in false and negative rumours about contraception or misuse the devices. It is also expected that educational attainment (literacy) will influence traditional social norms such as breast feeding, marriageable age, use of contraceptives for birth control etc. Audu (2008) declared that there is a large percentage of adult illiterates in Nigeria. About 50% of adult Nigerians are illiterates and with about 29 million adult illiterates, Nigeria is the third largest

after Pakistan and Bangladesh. Audu (2008) declared that this hinders proper implementation of population and family life education.

The Minister for Education in Nigeria recently declared that out of the 61million children denied access to education in the world, 10.5million of them are Nigerians which forms 1/6th in the world. She further claimed that most of these children go about hawking and begging for alms and are usually aggressive. Thousands of them die daily due to poor health practices and poverty. This shows that education and health go together and that literacy can go a long way to ensure healthy living and provide source of income to remove poverty.

2. Review of Related Literature

Literacy is defined by International Adult Literacy Survey (IALS, 1995) researchers as the ability to understand and employ printed information in daily activities in both domestic and social life and at work to achieve one's goals, and to develop one's knowledge and potential. Studies have revealed that in order to enhance health knowledge, skill, attitudes and behaviours, certain level of literacy must be attained. Wikipedia (2013) shows that half of patients cannot understand basic health care information and that low health literacy reduces the success of treatment and increases the risk of medical error.

Studies on gender illustrate that out of 1billion illiterates in the world, two thirds of them are women and that the families of women with some education tend to have better housing, clothing, income, water and sanitation (Women Literacy, 2010). In the series of research conducted on literacy and health in America, Rudd, Kirsch and Yamamoto (2004) found that on average, adults have difficulty performing health related tasks using health materials drawn from a broad spectrum of activities; materials and tasks related to health promotion, health protection, disease prevention, health maintenance and care and health systems navigation. Analyses indicated links between limited health literacy and compromised health status, limited engagement in civic activities and reduced access to health information. The study of Kutner, Greenbung and Jim (2006) show that large number of US adults do not have health literacy skills that would enable them to effectively use health materials to accomplish challenging or complex health-related literacy tasks.

In Canada, more than half of the adults have difficulty using commonly available health materials to accomplish health-related tasks. Another study in America showed that about half of the adults have difficulty using print materials with accuracy and consistency (Wikipedia, 2013). According to Lindau, Tomori, Lyons, Langseth, Bennett, and Garcia,

(2002), higher literacy is associated with more knowledge about cervical cancer screening while Moon, Cheng, Patel, Baumhaft, and Scheidt (1998) found no correlation between literacy and parental knowledge of health maintenance procedures or child health measures. In the literacy assessment carried out by Australian Bureau of Statistics (Publication 4233.0), Canberra in 2006, it was found that about half of Australian adults have difficulty using health materials with accuracy and consistency (Wikipedia, 2013). Feldman, Makue, Kleinman and Cornoni-Huxley (1989) in Cornali (2011) reveal that better educated people tend to be healthier because they can process more information about health risks than the less educated and consequently adopt a more salutary life style: they are less frequently overweight and are at substantially lower risk of death from heart disease than their less educated counterparts. Better-educated people are also less likely to be overweight and tend to engage in more exercise per week than are less educated people (Kenkel, 1991).

3. Statement of the Problem

There are a lot of health problems and diseases in the world today that require use of health care information for guidance on how to stay healthy, recover from sickness or live with diseases. It appears the ability to chose and eat balanced diet food, seek medical help when there is health problem, live in a hygienic environment to prevent sickness etc depend on literacy level of every individual. Observation shows that most illiterate parents cannot understand basic health information, some consult their educated children on anything they do not understand most importantly on writing and reading to understand information. Instructions on drug administration have to be interpreted before correct dosage can be taken. Inability to read and understand instruction on drugs can result in drug abuse. It is on this premise that this study was conducted to find out if differences exist in peoples' perspectives on literacy as a tool for healthy living.

4. Purpose of the Study

The purpose of this study was to find out if differences exist:

1. Between literates and illiterates' perspectives on literacy as a tool for healthy living.
2. Between male and female respondents' perspectives on literacy as a tool for healthy living.

5. Research Hypotheses

The following hypotheses were raised for the study:

Ho₁: Perspectives on literacy as a tool for healthy living will not significantly differ between literates and illiterates.

Ho₂: There will be no significant difference between male and female respondents' perspectives on literacy as a tool for healthy living.

6. Methodology

The study adopted descriptive research design of the survey type. A sample of 1,675 respondents that comprised of 1032 literates (mainly government workers) and 643 illiterates (commercial drivers, ‘okada’ riders, farmers and petty traders) were selected through purposive and simple random sampling techniques from two local government areas of Ekiti state. An instrument tagged ‘Perspectives on Literacy for Healthy Living Questionnaire (PLHLQ)’ was used to collect data from the respondents. The instrument which had three sections was a self structured questionnaire. Section A elicited information on the respondents’ bio-data such as sex, occupation and literacy status, while Section B contained questionnaire items on relevance of literacy to healthy living. The questionnaire items were verbally interpreted in ‘Yoruba’ language to many of the illiterates before they could give their responses. They were also assisted to tick their responses. The instrument was validated by experts and tested for reliability by using test-re-test method which yielded 0.71 coefficients. Administration of the instrument was done by the researcher with the assistance of some research assistants. Data collected were statistically analysed with mean, standard deviation and student t-test. The two hypotheses generated for the study were tested at 0.05 level of significance.

7. Testing of Hypotheses

7. 1. Ho₁: Perspectives on literacy as a tool for healthy living will not significantly differ between literates and illiterates

Table 1: t-test analysis on difference in perception of literacy for healthy living between literates and illiterates

Source of Variation	N	X	Sd	Df	t-cal	t-value	Decision
Literates	1032	50.02	8.40	1673	2.915	1.96	Significant
Illiterates	643	39.61	6.57				

Table 1 shows that t-calculated (2.915) is greater than t-value. This implies that there is significant difference in the perception of literacy as a tool for healthy living between literates and illiterates. The hypothesis which states that perspectives on literacy as a tool for healthy living will not significantly differ between literates and illiterates is therefore rejected.

7. 2. H₀₂: There will be no significant difference between male and female respondents' perspectives on literacy as a tool for healthy living

Table 2: t-test analysis on gender difference in perception of literacy as a tool for healthy living

Gender	N	X	Sd	Df	t-cal	t-value	Decision
Male	923	42.01	13.36	1673	3.101	1.96	Significant
Female	752	67.38	10.52				

Table 2 reveals that the t-cal (3.101) is greater than t-value of (1.96). This is an indication of a significant gender difference in the perception of literacy as a tool for healthy living. The female had higher mean score than their male counterparts. The hypothesis which stated that there will be no significant gender difference between male and female respondents' perspectives on literacy as a tool for healthy living is therefore rejected.

8. Findings of the Study

The following are the findings of the study:

- a) The literates had positive perspectives on literacy as a tool for healthy living
- b) The females had positive perspectives on literacy as a tool for healthy living

9. Discussion of Findings

The findings of this study have revealed that literacy is an important tool to maintain healthy living. From the perspectives of the respondents, table 1 shows a significant difference in the perception of literacy as a tool for healthy living between literates and illiterates. The literates recorded higher mean score of 50.02 against the illiterates that recorded 39.61. This is an indication that the literates possess the ability to read, understand and use healthcare information to guide their health so as to stay healthy, live well, recover from illness etc. This corroborates the finding of Feldman et al (1989) in Cornali (2011) who found that educated people can process more information about health risks than the less educated and consequently adopt more salutary life style than the less educated.

Another finding in table 2 revealed that there is significant difference in perception of literacy for healthy living between male and female respondents. The female had a higher mean score (67.38%) against the male which was 42.01%. This implies that females had positive perception of literacy as a veritable tool for ensuring healthy living. This finding could be as a result of the role of women as care givers who are always concerned about the well being of their immediate family members. The woman is usually the first to know of ill-health of either the husband or the children and takes instantaneous steps to seek medical help. In the light of this, Women's Literacy (2010) confirmed that families with educated women tend to have better health, housing, clothing, income etc.

10. Conclusion and Recommendations

A literate person in this modern age should be able to understand and use information and written texts purposefully to live well and maintain healthy living. This paper examined literacy as a tool to ensure well-being of the people. In view of the findings, it is recommended that government should introduce more effective means of encouraging illiterates to have access to and attend literacy programmes. Giving incentives to adult learners and rewarding good performance in literacy classes could be introduced while more literacy programmes and seminars could be organised to attract more illiterates.

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