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## Original research article

# Selected aspects of health literacy in clients endangered by poverty

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## ABSTRACT

The aim of this research study was to map the factors influencing health literacy in people who are in an unfavourable social situation and who have a right to social benefits, i.e. benefits for persons in material poverty. Health literacy characterizes the attitude to health in each democratic society and is subject to some socioeconomic and demographic variables—age, education, and social status. Health and quality health care are important life aims and rights of citizens. Qualitative research, the question method and the semi-structured interview method were used to gain the research data. The questions were asked with respect to the following key research areas: availability of information on health, health situation and health system; motivation and activities to search for information on health; orientation in the Czech health service system; cognitive and affective abilities to find and understand information on health condition. The research sample consisted of inhabitants of the South Bohemian region who, because of their unfavourable social situation had a right to the social benefit for persons in material poverty. The authors have identified the basic factors that influence health literacy of the research study sample. Health literacy in clients who are endangered by poverty is a current topic in health and social problems according to the acquired data within the qualitative research study. The identified factors closely relate to the social situation of the respondents of the research sample. There is a space for the intervention of social workers, and social workers can systematically cooperate within the concept of higher health literacy of individuals and families.

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## Introduction

The main problem of the research project is the health literacy of our target group, i.e. clients endangered by poverty. The aim

of this research study was to map the level of health literacy in people who are in an unfavourable social situation and who have a right to social benefits, i.e. the benefit for persons in material poverty. Mareš [1] states that instead of the

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previously used term poverty, we currently use the concept of social exclusion. This author mentions that the shift from the concept of poverty to the concept of social exclusion is the result of the effort to monitor new features of the growing poverty, its persistence in time and the spatial concentration accompanied by marginalization, pathological behaviour as well as the dependence on the welfare state and the disintegration of traditional social institutions, for example a family.

We were inspired by the thesis published by Holčík [2] to elaborate on these problems, as he states that health literacy is part of the basic equipment for life and part of the journey to health. It is one of the basic tasks of the health care system, a significant part of social capital and a distinct economic priority.

Health literacy is influenced by many factors, both at the level of the individual and society as a whole. Low health literacy is a serious health risk factor and its low level deepens undesirable health inequality. Health literacy is connected with the economic and social situation together with the cultural level, and on the contrary low health literacy leads to high costs of health care.

The action development plan of health literacy is a tool of implementation in the Health 2020 programme in the Czech Republic and the basis of the National Development Plan of Health Literacy [3].

### Theoretical data

The 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 [4]. Health literacy is characterized by the approach to health in each democratic society and it is subject to some socioeconomic and demographic variables – age, education, and social status. Health and quality health care are important life aims and rights of the citizens.

As Hamplová et al. [5] state, health literacy is partly an individual's nature and partly the ability of the health care systems to care for their clients' health. Relevant, internationally comparable indicators show that health literacy in the Czech Republic is low. The conclusions of a published study (of a representative study of health literacy) show that the Czech Republic lags behind the best EU countries (in all parts of health literacy) [4,6].

The first person who used the term health literacy was Simonds in 1974. However, his concept of health literacy differed from the current one [7].

Nutbeam [8] and Kickbusch [9] mention other definitions of health literacy. Health literacy was further defined by the Centre for Health Care Strategies [10]: "Health literacy refers to the skills necessary for an individual to participate in the health care system and maintain good health. These skills include reading and writing, calculating numbers, communicating with health care professionals, and using health technology (e.g., an electronic diabetes monitor)." A wider definition was brought by the United States Department of Health and Human Services (USDHHS) [11], in which 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".

According to Holčík [2], human health does not consist of the quantity of health facilities and their equipment, but of the living conditions and lifestyle that improve health. Health literacy is also influenced by the social gradient of a target group [6].

As this research study deals with health literacy in connection with poverty, we have also tried to define this expression. Because of the existence of many definitions, a simple definition is not possible. Individual definitions of poverty have a common basis. However, most of them are not complex and they define poverty from various individual aspects.

The past term of poverty is still more often changed to the EU concept of social exclusion. The shift from the concept of poverty to the concept of social exclusion may be an endeavour to describe new features of increasing poverty in the 1980s [12]. Poverty as an exclusion from life standard and life chances, from health care and education closely relates to social exclusion, and it destroys human abilities and life chances [1].

The principle of subsidiarity is applied to health care within EU countries. As Tomeš [13] states, the coordination of the welfare system of EU member states is generally ruled so that health care is subject to the legislation of the state in which an EU citizen works. Considering free personnel turnover within the European Union, their right to health is subject to EU regulations for persons migrating within Europe [14].

In connection with the fact that health care belongs to the competence of each EU state, the European Union adopted a political document called the Open Method of Coordination on health care [15]. This includes an agreement of the states, according to which the health policy concentrates on the below-mentioned points that represent the social-political dimensions of health care:

- Ensuring access for all which is based on the principles of equality and solidarity that require available health care which conforms to the individual needs of a person regardless of their age, wealth, etc.
- Quality that is significantly influenced by the economic situation of a country and social preferences, it sets standards of quality that reflect the latest technologies in diagnostics and disease treatment. The quality is also significantly affected by professionals providing health care, and last but not least, by their lifelong education.
- Financially sustainable health care, available through sources, appropriate conditions of users and providers, proper management and co-ordination between care systems, public and private institutions.

According to Kebza [16], basic healthcare is an integral part, a significant item, a method of health service and also a part of social development of a society. Basic health care is generally regarded as primary care and emergency care. The established principles of social solidarity, applied in the rules and principles of health systems of most European countries and many other developed countries shall face the changes of society to a post-modern, individualistic concept at the turn of

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