Health Literacy and Gender Analysis

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Gender

• = ‘a dynamic set of socially constructed relationships embedded in everyday interaction’ (Emslie and Hunt 2008:808)
Gender analysis

- *gender analysis frameworks*
  - to encourage the application of a ‘gender lens’ to health policies and programs *(UN 2006, Tiessen, 2007)*

- Australia - not common
Men and Women

- Sex/biology and gender/sociocultural differences
- **Special needs groups: Australia**
  - low socioeconomic status
  - persons with a disability
  - rural and remote areas
  - indigenous persons
  - culturally and linguistically diverse
Health Literacy

- ‘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’

( WHO 1998:10).
Health literacy

- 3 levels of health literacy (Nutbeam 2000:263-4)
  - functional
  - communicative/interactive
  - critical

- = an ‘asset’ and a ‘risk’ with implications for health outcomes of individuals and population groups (Nutbeam 2008)
Health literacy (NT)

- ‘Having access to the information necessary, as well as the skills and resources required, to make decisions for one’s own health’
  (Department of Health and Families 2009:25) .
Example – sexual health

• Gender and age
• Public:private
• Indigenous health
  ◦ Women's business and men's business
  ◦ Preference for same sex/gender
    • patient and health professional
Example – sexual health
Factors impacting on health literacy
## Australia – Literacy
*(ALLS data - 2006) (ABS 2008:5)*

<table>
<thead>
<tr>
<th>Literacy Domains</th>
<th>Level 1 or Level 2</th>
<th>Level 3</th>
<th>Level 4/5</th>
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<tr>
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Health literacy of Australians

- Approximately 60% of Australians have a health literacy level less than the minimum required for daily functioning (ie. Level 3) (ABS 2006, 2008).
Problems associated with low health literacy

- ‘poorer self-reported health, inappropriate medication use and noncompliance with physician orders, poorer glycemic control [ie. blood sugar levels] and increased prevalence of self-reported complications that resulted from poor control, less health knowledge, less sharing in decision-making about treatment, less expression of health concerns and worse communication with practitioners’ (Rootman 2006:606).
Implications of low health literacy (2)

- Individuals and families
  - health promotion and illness-injury prevention in everyday life (Peerson 1998)

- Public health initiatives
  - specific population groups and the wider community

- how to do this successfully?

- Example: quit smoking
HL research

- United States, Canada
- limited evidence base - Australia
- patients in health care settings
- navigating the health system

• NOT

- laypeople’s/citizens’ health promotion/protection in everyday life
- health promotion/public health approaches
  (Peerson and Saunders 2009a,b)

➤ Gap in evidence base in these areas
Indigenous health literacy

- **School retention and educational attainment** (Year 12 or above) by indigenous individuals is ‘positively associated with health status’
- Difficult to locate publications using the keyword/title: ‘indigenous health literacy’
- **international literature** (few studies)
  - ’explicitly engage, measure and validate Indigenous-asserted health constructs, potentially overlooking significant wellsprings of health promotion within Indigenous communities’ (Burgess et al 2008).
Indigenous health literacy (2)

- Difficulties in cross-cultural communication between Indigenous patients and non-Indigenous health professionals
  - English not 1st language
  - Limited access to health services
  - Poor understanding of oral/written health information (in English/health literacy level) provided by health professionals/services
  - Delayed diagnosis/treatment
  - Poor health outcomes (ABS 2008, Hudson 2009)
Example – diabetes

- woman (50+ years) - remote community, NT
- routine health check (45+ years)
- impact on self
Health literacy and gender

- ALLS data
  - more women (48%) than men (43%) achieved an overall score of Level 3 or above
  - women had higher scores for prose and health literacy, while men had higher scores for document literacy and numeracy (ABS 2006)

- men and women access, interpret, respond to and act upon health information to promote and protect health – in different ways
Example - Heart attack

www.heartattackfacts.org.au
HL - Men and boys

- **less knowledgeable** than women and girls about health in general, specific diseases and their risk factors *(Courtenay 2000)*
- **less able or likely** to access, interpret and apply information to maintain and improve health *(Galdas et al, 2005, AIHW 2008)*
- **exhibit low levels of health literacy** even about male-specific health issues *(Singleton 2008)*
- **evidence gap** - men’s health research and health literacy research *(Peerson and Saunders 2009b)*
Implications of gender analysis

- Health practice
- Resource development
- Social marketing
- Health promotion
- Health research
- Policy development
Gender mainstreaming

- integrating men’s and women’s health concerns in the design, development, implementation and evaluation of policies and programs (WHO 2002, 2008)

- Australia - Office for Women (2010)
  - a panel of ‘gender experts’

Australian Government
Men’s health policy

- **National Men’s Health Policy** (Ireland) (DHC 2008) - multiple masculinities, health literacy

- **National Male Health Policy** (Australia) (DHA 2010) - social determinants of health
  - absence of gender analysis, masculinity and health literacy (Saunders and Peerson 2009, 2010)

- **Men’s Health and Wellbeing Strategy** (Vic) (DH 2010) - includes gender analysis, masculinity focus – but refers to men’s health literacy indirectly
A way forward

- gender-sensitive approaches to health literacy
- benefit health promotion, social marketing and public health
- evidence-based policy and practice (Peerson and Saunders 2010)
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References


References

References