



HEALTH LITERACY FOR RAPID DEVELOPMENT IN NIGERIA

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ABSTRACT

Health literacy is a relatively new term and concept, yet basic to the health, wellbeing and development of individuals and nations. Low health literacy rates affect both developed and developing nations. This paper examines the concept of health literacy and its importance to individual wellbeing and the development of nations. It reviews the state of health literacy in Nigeria, the impediments to high health literacy rates and implications for stakeholders including health librarians. Health information dissemination is the central force behind health literacy. Health librarians can therefore contribute to the reduction of the disease burden of the country and accelerate development by improving the health literacy status of health professionals and the general public.

Keyword: *Health literacy, Health information dissemination, Medical librarians, Health librarians*

Introduction

People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health (Ottawa Charter for Health Promotion, 1986). Health literacy encapsulates individual's ability to access, obtain, process, and effectively use health information and services for health and wellbeing. Yet all nations especially developing ones are negatively affected by low literacy rates. There is an increasing need for individuals to be health literate to meet up with the demands of the modern society amplified by the rapidly evolving information, communication and technology sector. The empowering of individuals with health literacy skills involves the processes of health education, health promotion and health communication. It is understood that basic literacy plays a pivotal role in quickening the processes of health literacy.

Corresponding structures are not on ground to depict awareness of this need especially in countries like Nigeria, starting from the educational sector to the health systems. For instance, literature on health literacy in Nigeria is quite scanty. This study tries to help bring to the fore the new concept of health literacy and the issues in health literacy in Nigeria. It tries to review the link between literacy and health literacy, the importance of health literacy to individuals and communities, and the players in health literacy arena, why and how health literacy rates can be raised and the central role of librarians may play. This is to inform awareness and positive actions by stakeholders. Improving the health literacy competencies of Nigerians will lessen the countries disease burden and accelerate the much needed development especially of the rural communities.

The Concept of Literacy

Generally, literacy is defined “as the ability to read and write the ability to use language in an accomplished and efficient way” (Robinson, 1996). According to UNESCO, literacy is “the ability to identify, understand, interpret, create, communicate, compute and use printed and written materials associated with varying contexts. Literacy involves continuum of learning in enabling individuals to achieve their goals, to develop their knowledge and potential, and to participate fully in their community and wider society” (UNESCO, 2004). The USA National Literacy Act of 1991 defined literacy as “an individual’s ability to read, write, and speak in English and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one’s goals, and to develop one’s knowledge and potential” (National Institute for Literacy, 1991, section 3). For the purpose of the 1992 National Adult Literacy survey in the USA, Kirsch et al., (1993) define literacy as “using printed and written information to function in society”. These last two definitions imply that literacy goes beyond the ability to read and write, to the ability to apply the skills in life activities. The transfer of the imbibed literacy skills is expected to reflect in behavioural patterns and decision making.

Types of Literacy and Literacy Skills

Three types or levels of literacy had been articulated by experts to include:

- a. Basic/functional literacy: basic skills in reading and writing, the ability to use printed and written information to function in society;
- b. Communicative/interactive literacy: advanced cognitive skills which, together with social skills can be used in everyday activities;
- c. Critical literacy: advanced cognitive skills which, together with social skills, can be applied to critically analyse information(Freebody, 1990).

General literacy is also viewed as having some basic components or skills, each of which represents vital ability needed by the literate to function optimally as an individual and within the given community. On its part, the Canadian Education Research Information System (1999) articulated six of these literacy skills including quantitative literacy, scientific literacy, technological literacy, cultural literacy, media literacy, computer literacy. It is striking that health literacy was not included among the six components of literacy here. However, with the passage of time and the emerging importance of health for survival and development, health literacy had been added as an integral part of literacy skills (Jahan, 2000). In its working definition of literacy for the 21st century, the Center for Literacy of Quebec (2000) explains that the need and demand for these abilities vary in different societies. In a technological society, the concept is expanding to include the media and electronic text in addition to alphabets and numbers. Individuals must be given life-long learning opportunities to move along a continuum that includes reading, writing, critical understanding and the decision-making abilities they need in their communities.

Health Literacy

Understanding health literacy starts from defining and understanding the meaning of health. Health is defined in the WHO Constitution of 1948 as: *“a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity”*. It has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for

everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities. Health is regarded by WHO as a fundamental human right (Ottawa Charter for Health Promotion, WHO, Geneva, 1986). In 1974, the term health literacy was introduced in the USA ((National Library of Medicine, 2000). Since then many definitions of health literacy had been developed by different organizations and interest groups each providing a slightly different perspective. It is pertinent to view an array of these definitions to directly appreciate the importance and full meaning attached to health literacy today.

In the words of World Health Organization (1998) “health literacy represents 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”. It further explains that health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. Thus, health literacy means more than being able to read pamphlets and make appointments. By improving people’s access to health information, and their capacity to use it effectively, health literacy is critical to empowerment. Health literacy is itself dependent upon more general levels of literacy. Poor literacy can affect people’s health directly by limiting their personal, social and cultural development, as well as hindering the development of health literacy.

Health literacy has also been defined as “a constellation of skills, including the ability to perform basic reading and numerical tasks required to function in the health care environment” (American Medical Association, 1999). On his part, Nielsen (2004) sees health 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”. A short but succinct definition was given by the Center for Health Care Strategies Inc. (2000): as “the ability to read, understand, and act on health care information”. Again, the US Healthy People 2010 (USDHHS, 2000) offers the definition of health literacy as: “The capacity to obtain, interpret and understand basic health information and services and the competence to use such information and services to enhance health”.

Finally, Zarcadoolas (2013) gives an encompassing definition of health literacy as: “the wide range of skills, and competencies that people develop over their Lifetimes to seek out, comprehend, evaluate, and use health information and concepts to make informed choices, reduce health risks, and increase quality of life...” (p.7). Basically, health literacy involves accessing, understanding and ability to judge, sift and use information provided in the context of one’s own life (Nutbeam, 2001). It involves personal skills and characteristics which translate positively or negatively to the larger society.

General Levels of Health Literacy

To be applicable to everyday life health literacy involves specific gradable skills or levels just like general literacy. Nutbeam (2001) identifies three levels of health literacy to include:

Level 1 - functional health literacy. This involves communication of information like enabling individuals to read prescriptions or health brochures.

Level 2- communicative and interactive health literacy. This involves the development of personal skills which enable individuals to participate meaningfully in social life, to derive meaning from various forms of communication and use communication to interact socially, and to understand and effect change.

Level 3- critical health literacy. This involves personal and community empowerment that enables

individuals to exert control over life situations.

Implications of Literacy for Health Literacy

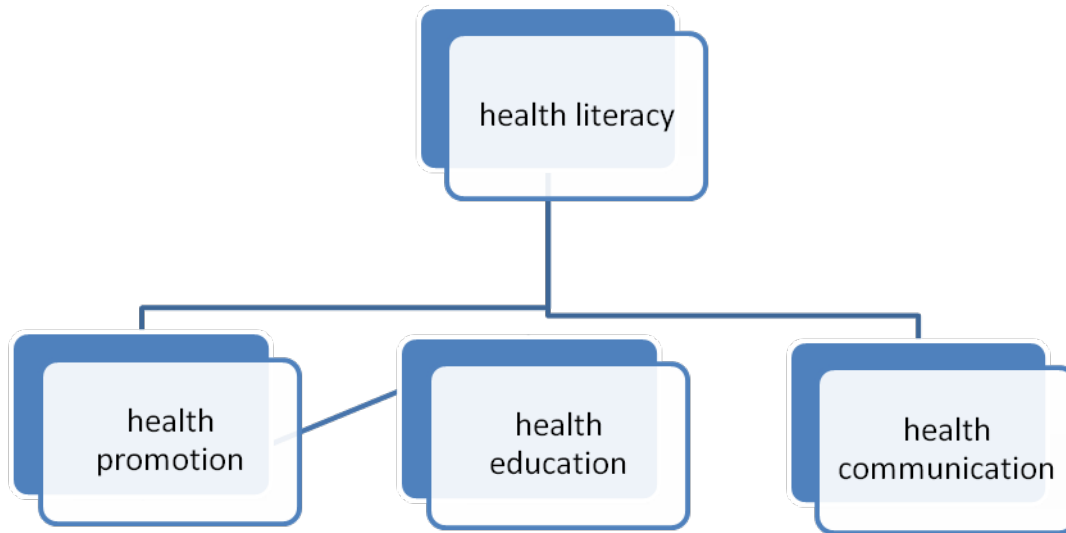
The relationship between basic or general literacy and health literacy is obvious. There exists a fundamental link between literacy and health literacy. Much of processing and understanding of information is related to a person's level of basic literacy (Egbert & Nanna, 2009). People need basic literacy to find, understand and use health information and services (Centers for Disease Control and Prevention, 2014). Levels of literacy may affect exposure, acquisition and utilization of health information. This implies that people with higher levels of literacy are likely to have higher levels of health literacy. While illiterates and those with lower levels of literacy may also have lower levels of health literacy. Levels of health literacy may be proportional to the levels of basic literacy. In this light, Blackwell (2005) sees literacy as the strongest predictor of health status- more than age, income, employment status, race or ethnicity, and educational levels.

Health literacy is therefore clearly dependent upon levels of fundamental literacy and related cognitive development. Poor literacy can affect people's life directly by limiting their personal, social and cultural development, as well as hindering the development of health literacy itself. Research has shown that around the globe high levels of illiteracy contribute significantly to the disease burden of poor communities and countries, and reinforce health and economic inequalities (Kickbusch, 2001). This is because people with underdeveloped skills in reading and writing will not only have less exposure to the traditional health education, but also less developed skills to act on the information received (Nutbeam, 2000). This highlights the importance of libraries in every society as they hold the key to reading and writing skills. Basic literacy skills pivot health literacy, which in turn reduces disease burden and promotes national development.

The promotion and sustenance of literacy among the populace from cradle through adulthood remains a cardinal function of libraries especially public libraries. Libraries are therefore uniquely positioned to promote literacy and reading as a part of their mission (Farmer & Stricevic, 2011). By imparting and sustaining basic literacy libraries through their programmes from acquisition to mobile services invariably promote health literacy. The correlation between the health literacy rates of nations and the level of their libraries' development should therefore be appreciated. It is however important to note that high literacy levels (assessed in terms of ability to read and write) are no absolute guarantee that a person will respond in a desired way to health education and communication activities (Wallerstein & Bernstein, 1988).

Components of Health Literacy

Three health information concepts closely related and interwoven with the concept of health literacy are health promotion, health education and health communication. Health literacy emanates from and operates mainly within these three concepts as illustrated in figure 1.

Figure1

(Researcher designed)

Health Promotion: The World Health Organization (1998) sees Health promotion as “the process of enabling people to increase control over and to improve their health”. It represents a comprehensive social and political process; it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Three basic strategies for health promotion are *advocacy* for health to create the essential conditions for health; *enabling* all people to achieve their full health potential; and *mediating* between the different interests in society in the pursuit of health (WHO, 1998).

Health Education: “Comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health” (WHO, 1998). Health education may involve the communication of information, and development of skills which demonstrates the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental determinants of health. It is also concerned with the communication of information on individual risk factors and risk behaviours, and use of health care system (WHO, 1998). Health education is a public health process and a major means of promoting health literacy (Nutbeam, 2008). It can be said to be the platform and framework for operationalizing health literacy (Atulomah & Atulomah, 2012).

Health Communication: This is “a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda” (WHO, 1998). The use of the mass and multimedia and other technological innovations to disseminate useful health information to the public, increases

awareness of specific aspects of individual and collective health as well as importance of health in development. It encompasses several areas including edutainment or enter-education, health journalism, interpersonal communication, media advocacy, organizational communication, risk communication, social communication and social marketing. It can take many forms from mass and multimedia communications to traditional and culture-specific communication such as storytelling, puppet shows and songs. It may take the form of discreet health messages or be incorporated into existing media for communication such as soap operas (WHO, 1998). Health communication is an interesting concept to watch as the media is increasingly becoming a key source of health information to most people (Kickbusch, 2001). Basing on these World Health Organization's definitions, the tripartite of health promotion, health education and health communication give rise to health literate individuals and society. They are different processes (sometimes overlapping) toward the same goal of empowerment through health information for health literacy.

Importance of Health Literacy

The relevance of health literacy lies in its components of equipping individuals with prerequisite skills to manage a range of personal, social, economic and environmental factors that determine their health status and that of the larger population. Health literacy benefits individuals, communities and nations. For individuals, the ultimate benefits are healthier lifestyle choices and effective use of health systems and services which results in reduced morbidity, disability and avoidable mortality. According to the American Institute for Research (2006), health literacy is important because it enhances people's ability to:

- i. navigate the healthcare system, including locating services and filling out forms
- ii. share health information with providers
- iii. engage in self-care and chronic diseases management
- iv. adopt health promoting behaviours' such as exercising and eating a healthy diet
- v. act on health related news and announcement.

On the other hand, people with low literacy have poorer overall health, are less likely to make use of screening and preventive services, experience poor self-management of chronic conditions, present in later stages of disease, are more likely to be hospitalized, have lower adherence to medical regimens, and these result in higher healthcare costs for the individual. Several studies have documented that an individual with limited health literacy will incur health related expenses that are four times higher than that of a more literate counterpart (Soetan, 2013). In their paper, Atulomah and Atulomah (2012) explained that the challenge of low literacy to individuals from communities with low economy and marginal development can be tremendous.

According to them, persons with limited health literacy can be at serious social disadvantage in terms of their ability to read and understand written medical instructions, including medication dosages and understanding results of medical tests and diagnosis, locate health providers and services offered, share personal information such as health history, provide self-care in chronic illnesses, understand how to take medicines. Another ugly picture of the effects of low health literacy on individuals was painted by Kickbush et.al (2013). They associated limited health literacy with less participation in health-promoting and disease detection activities, riskier health choices (such as higher smoking rates), more work accidents, diminished management of chronic diseases (such as diabetes, HIV infection and asthma), poor

adherence to medication, increased hospitalization and re-hospitalisation, increased morbidity and premature death.

For communities/nations, “a healthy nation is a wealthy nation” an old maxim is apt here. Health literacy is not only a personal characteristic; it is also a key determinant of population health (Pavlekovic, 2000). Literacy levels of communities and nations are often reflected on their social and economic status. They are also important predictors of the success of a nation (Health Canada, 1999). Health literacy as a discrete form of literacy is becoming increasingly important for social and economic development of nations (Kickbusch, 2001). It appears that regardless of a country’s level of development, the level of health literacy is low worldwide. It is believed that raising the level of health literacy especially in low and middle income countries will alleviate the wide range of development and public health issues confronting them (United Nations Economic and Social Council, 2009). Therefore the expected impacts of high literacy rates on all nations include reduction of disease burden generally and the achievement of health-related MDGs. It also ensures better management of public health emergencies like the Ebola Virus Disease (EVD) as it empowers the populace for collective development resulting in accelerated progress on public health commitment.

Health Literacy Skills for Who?

Who needs health literacy and health literacy skills? Everybody needs good health. This implies that everybody needs a good measure of health literacy skills to put health information and services to use for a healthy lifestyle. The inability to read, understand and make use of health information affects people from all backgrounds (Blackwell, 2005). According to the Centers for Disease Control and Prevention anyone who needs health information and services also needs health literacy skills to:

1. find information and services;
2. communicate their needs and preferences and respond to information and services;
3. process the meaning and usefulness of the information and services;
4. understand the choices, consequences and context of the information and services; and
5. decide which information and services match their needs and preferences so they can act.

Equally, anyone who provides health information and services to others, such as medical librarians, doctors, nurses, dentists, pharmacists, medical librarians or public health workers, also specially needs health literacy skills to:

1. help people find information and services;
2. communicate about health and healthcare;
3. process what people are explicitly and implicitly asking for;
4. understand how to provide useful information and services; and
5. decide which information and services work best for different situations and people so they can act.

State of Health Literacy in Nigeria

Figures from CIA World Factbook puts Nigeria’s literacy rate at 61.3%. It records 72.1% male literacy and 50.4% female literacy. According to the Factbook almost 75% of the world’s 775 million illiterate adults are concentrated in ten countries including Nigeria. It further states that extremely low literacy rates are focused in three regions: South Asia, West Asia and Sub-Saharan Africa. Low literacy in

a population is associated both directly and indirectly with a range of poor health outcomes (Parker, 2000). There are therefore disappointments and fears about Nigeria's low literacy rates as it translates into low health literacy rates and adversely affects the health and wellbeing of the citizens and the achievement of the MDGs. Low health literacy has remains a major problem in Nigeria among all strata of the population resulting in high disease burden which sabotages developmental efforts with its attendant multiplier effects.

This results in the prevalence of superstitious beliefs and practices that are harmful to the masses. According to Soetan (2013) the prevailing limited health literacy in the Nigerian society is central to patient safety, medication errors, including lack of appreciation for the role of health care service providers and patronage of quacks. He identifies the adult population (many of who grapple with chronic age-related illness), children (especially those with illiterate parents), people living in rural areas, and the illiterates as the most vulnerable groups. Apart from low basic literacy, other barriers to health literacy in Nigeria include underdevelopment of public libraries. The poor or rather abysmal attention paid to libraries is one major factor holding Nigeria away from the attainment of high literacy rates today.

Also the absence of direct effective government intervention programmes and poor implementation of existing ones, underdevelopment and poor performance of health systems, poor funding of the health sector and shortage of needed manpower are all part of the problem. It is striking that lack of health literacy and the attendant burden among government officials makes it difficult for them to comprehend the situation in the health sector and seek ways to ameliorate the burden on the health care providers (Soetan, 2013). Health promotion, education and communication activities are uncoordinated and mostly supported by non-governmental organisations, volunteers and international agencies.

Recommendations

Improved health literacy is considered critical to the achievement of health and development (WHO, 2009).

- a. Paramount among the strategies for elevating health literacy rates in Nigeria is the adoption of library development as a priority sector. The establishment and maintenance of modern public libraries in all towns in Nigeria is recommended. School libraries should also be made a priority in all primary and secondary schools so that future generation of Nigerians who are children today will be health literate adults tomorrow. These should further be supported by proper training and remuneration of Librarians for manning of these libraries. This promises to be the most enduring, permanent and quickest means of accelerating basic literacy rates in the country.
- b. However, the responsibility of achieving higher literacy rates cuts across multiple boundaries, professions and sectors (WHO, 2013). Initiatives to build health literacy in Nigeria must therefore include academic and business communities, health care facilities, faith-based organizations, news and electronic media, adult educators and literacy practitioners, community-based organizations, groups at risk for low health literacy, health professionals and government agencies, educators and health communicators and the general public (Rootman, 2012). The collective efforts of these groups led by Librarians will surely put Nigeria on a strong footing to raise literacy levels.

- c. For the health professionals for instance, the improvement of their communication skills through curriculum and policy is highly recommended. This becomes necessary and even urgent because presently the professional's level of communication and the patient's level of comprehension are often at variance. Health care professionals especially doctors suffer from information congestion and often find it extremely difficult to disseminate information to patients in basic, easy to understand language (Soetan, 2013). Here also the medical librarians can be guided to be of help.
- d. Apart from plain language and effective communication with patients, prescription of not only drugs but also lifestyle changes (physical activity/good nutrition) has been recommended for doctors.
- e. Basic health education syllabus for the Nigerian lower grade schools should be reviewed to catch up with current trends in global health and teachers adequately trained for effective content delivery. For higher schools, basic health education needs to be introduced into the curriculum as a general study course.
- f. Health information dissemination using appropriate techniques must be among the priority areas of concentration. In this wise, outreach programmes and consumer health information websites should be planned by health librarians for the Nigerian masses. In doing these, special attention should be paid to disadvantaged groups like rural dwellers, women and children, older adults and abjectly poor people.
- g. Effective use of modern multi- media and ICT opportunities like mobile and electronic health should be made.

Roles of the Health Librarians in Improving Health Literacy in Nigeria

Looking at them from the point of view of their professional expertise, Health Librarians should be proactive in:

- a. Building personal capacity by acquiring health literacy skills. This remains the first step that medical librarians should take in helping this nation that is in dire need of elevating health literacy levels across board. Only then will they be in a position to practice the skills for personal gains and use the evidence to teach others and communicate about health and healthcare (beyond library walls, e.g. lifestyle changes).
- b. Building the health literacy knowledge base through active and effective collection development activities as a priority in health and biosciences libraries.
- c. Positioning themselves to decide which health information and services work best for different situations and levels of their clientele and understand how to provide same.
- d. Considering the obvious health information overload, and should therefore acquire skills to process what people (especially doctors) are explicitly and implicitly asking for and help them navigate their ways through current multimedia.
- e. Affecting policies by initiating or supporting advocacy moves to improve health literacy skills of the readers and the greater Nigerian community. Only such moves for instance can bring health literacy programme into the curriculum where needed and also inform funding to support such policies.



Conclusion

The health and development of individuals and nations are intricately linked to health literacy. Health literacy in turn can be dependent upon basic literacy. Instilling of basic literacy skills is a cardinal mission of libraries and librarians. Low health literacy rates are prevalent in Sub Saharan Africa including Nigeria with its attendant disease burden and high mortality and morbidity levels. Concerted and sustained efforts by librarians and other stakeholders like government and health professionals are needed to combat low health literacy across board. Developing strong health literacy knowledge- base in the libraries and acquiring prerequisite skills will enable librarians play vital roles in improving and sustaining high literacy rates in the country. Nigerian Health librarians should quickly embrace this new role by also providing adequate health information to enable Nigerians access, obtain, judge, and use for better lifestyle and healthier society.

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