



International Journal of Aging Research (ISSN:2637-3742)



Older Adult Perspectives towards Health Literacy and Knowledge of Chronic Diseases in Nepal: A case study

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ABSTRACT

Background: The individual level of health literacy directly affects the health outcomes of any people. Older adult people are more vulnerable to chronic diseases than other groups of people. Also they have low health literacy and poor understanding of diseases than any other age group of people. **Aim:** This study aim is to explore older adult perspectives towards health literacy and knowledge of chronic diseases. **Methods:** The study was taken during December 2019 in the Budhanilkantha Municipality of Kathmandu district of Nepal. Semi-structured interview was conducted in four older adult participants with chronic diseases. It included health knowledge, level of understanding of chronic disease conditions, and the use of health services. Inductive analysis was followed for the patterns, themes, and categories of analysis to emerge. **Results:** Health literacy and knowledge of chronic diseases, health belief system, and experience of health problems were the emerging themes included here. The study results finds that lack of disease knowledge, low health literacy, health belief system, socio-economic, and cultural factors were influencing factors to chronic diseases among older adults. Participants had a minor knowledge of chronic diseases; they had lack in knowledge regarding their own chronic diseases. **Conclusion:** Health literacy is an important factor of understanding, accessing and utilizing health knowledge and health services. It is most important that the health literacy of the people is necessary to improve for positive health and gaining the knowledge of chronic diseases. To overcome the chronic health problems it is most important to improve the health knowledge, understanding of chronic diseases, and literacy level to the older adult people.

Keywords: Chronic diseases, health literacy, uterus, cognitive

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How to cite this article:

Binod Kumar Karki, Krishna Prasad Pathak. Older Adult Perspectives towards Health Literacy and Knowledge of Chronic Diseases in Nepal: A case study. International Journal of Aging Research, 2020, 3:72.

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Introduction

It is apparent that good health is a cornerstone of development in any society (WHO, 2010 & WHO, 2012)^{1,2} much as the health status of a society is likely to impact all other sectors in the society in a given polity (Sorensen et. al.2015)³. Health is an important aspect of overall development of the human society. Hence, health literacy is an essential foretells of health outcomes and health care utilization (WHO, 2010)¹. Though the concept of health literacy and what it promotes is vital. Health literacy is defined 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" (WHO, 1998)⁴. It encompasses the characteristics of an individual along with the supports needed to access, understand, appraise and use the knowledge and services to make decisions about a person's health and the health of their family and the community (Dodson, Good & Osborne, 2015)⁵. Moreover, Health literacy may influence health by empowering the personal through individual factors such as knowledge, skills, attitude, self-efficacy, social norms and health behaviors (Epel, Zamir, Cohan & Elhayany, 2017)⁶.

It is well-known that health literacy is a significant predictor of health (Oberne et al., 2020)⁷. Hence, it is conceptually defined as the extent to which individuals can attain and understand health information required to make suitable health decisions (Nielson-Bohlman et al., 2004)⁸. Low health literacy is directly linked to inadequate health knowledge, the care system, poor conditions, and the use of health services that leads to increased hospitalization and even deaths which leads to poor health outcomes and health inequalities (Aboumatar et al., 2013)⁹. For example, a study among the people in Japan found low health literacy as a predictor of poor physical and mental health (Tokuda et al., 2009)¹⁰.

The dimensions of health literacy include cognitive, affective, social, and personal skills and attributes (Buchbinder et al., 2011; Jordan et al., 2010)^{11, 12}. The recent WHO meeting held in Shangai declared promoting health in the 2030 Agenda for Sustainable Development recognizes health literacy as a critical determinant of health and an essential component of efforts to minimize health inequalities (WHO, 2016)¹³. Health literacy also reduces the probability of indulging in health damaging behaviors such as poor dieting, smoking and excessive alcohol intake and increases the probability of utilizing preventive health services (Fernandez et al., 2016; Amoah, 2018)^{14,15}. Thus, having an understanding of the health literacy needs of individuals and communities provides the opportunity to help interventions to improve health outcomes and reduce problems.

Health literacy is required to enable people to access and proper utilization of health care. In Nepal, people have many problems and barriers to access and use health care services. In this types of problems and barriers the cost of health services, cost of transport, low income, and lack of employment are included. Similarly, gender discrimination related to local culture, knowledge of health services, and health problems, low-quality services provide large challenges for people. To overcome these problems and barriers the health literacy of community members needs to be high and people are to be empowered to decide on health care. People living with low literacy are more like to report poor health have an incomplete understanding of their health problems and treatment are get high risk of suffering from disease and may lead to death. In this regard, health education and promotion are useful tools to increase health literacy.

Nepal is the country recognized with a poor economy, low life expectancy, and high infant mortality rate, and so on. Many people are uneducated and several places in the country have become remote. Poor infrastructure, lack

of health facility, ignorance, superstition beliefs, and difficult land topographical structure are other factors leading to various forms of health problems in Nepal (Budhathoki et al., 2016)¹⁶. Every year, many people are losing their lives even from minor diseases like diarrhea, dysentery, common cold, cholera, pneumonia, etc. (Bhandari et al., 2014)¹⁷. Now, chronic disease is a global epidemic (WHO, 2014)¹⁸. The most prominent chronic diseases are cardiovascular diseases, cancer, chronic obstructive pulmonary disease (COPD) and diabetes mellitus (DM), which are caused in large measure by lifestyle choices (WHO, 2009). Nepal is also facing the burden of chronic diseases same like other lower middle income countries. The large numbers of the Nepali people have low health literacy and lack of knowledge regarding chronic diseases. In this situation, people are ignorant of sanitation, hygiene, a balanced diet, lifestyles, immunization including many more health issues regarding chronic types of diseases (Budhathoki et al., 2016). They do not have a clear concept of health and disease knowledge and losing their lives even from easily preventable and curable diseases. So, it is necessary to give health education about sanitation, personal hygiene, and other healthy habits for a healthy life. Therefore, health literacy can be viewed as an outcome for effective education by increasing an individual's capacities to access and use health knowledge to carry out suitable health decisions and maintain basic health. It is well known that older adults have lack of health knowledge and poor understanding of chronic disease. However, they are more prone to affected by chronic diseases such as diabetes, hypertension, cancer, ulcer, asthma etc. In this regard, generally health literacy can be very important aspects for management of these problems among them. A study conducted in Nepal demonstrated a positive relationship between health literacy and knowledge of chronic diseases (Shrestha et al., 2018)¹⁹. Hence, above all evidence made my interest to

select this research topic on older adult perspectives towards health literacy and knowledge of chronic diseases.

In this context, at last, I would like to say that it could be my research topics and would examine older adults' perspectives towards health literacy and knowledge of chronic diseases in Nepal. Thus, this study aims to explore older adult perspectives towards health literacy and knowledge of chronic diseases. The research questions are: How do older adults know and understand their health and disease? What are older adults' perspectives towards health literacy and knowledge of chronic diseases?

Method This study was designed in a qualitative model and using a semi-structured interview. This method is selected for exploring people's experiences and perceptions from an individual perspectives. This study was taken during December 2019 AD in Budhanilkantha Municipality of a Kathmandu district of Nepal. To explore older adult perspectives towards health literacy and knowledge of chronic diseases, I selected four participants coded as Participant A, Participant B, Participant C, and Participant D. Participants A, B, and C were male aged 55, 60, and 65 suffering from the severe stage of ulcer and cancer. Participant-D females aged 75 suffering from uterus prolapse.

During the study period, data were taken from study participants to examine the factors related to their tradition, social norms, values, belief, and attitudes towards their health problems. Semi-structure interviews were taken with a chronic patient. The interviews enclosed socio-economic and demographic data, lifestyles, perceived health, and individual experience, getting health services, health literacy, health outcomes, and favored sources of health knowledge. Research participants were asked how they perceived health literacy would influence individual health and lifestyle; in general how they would affect their performance to get balance health. They were also asked for their own opinion on other factors towards health. The interviews were tape-recorded and

transcribed before analysis. Every interview lasted about one hour. After completion of the individual interviews, the data were transcribed, coded, and analyzed appropriately. Inductive analysis was followed for patterns, themes, and categories of analysis to emerge (Lincoln & Guba, 1985) ²⁰. Multi-levels of qualitative analysis were carried out here. The descriptive types of analysis explain the respondents' life conditions and their features. The theme base analysis described the formation of new constructs. Readers reviewed transcripts of the first interviews to find out all related thoughts. Their logic was compared and discussed here. This process was followed for the second time transcripts until and unless towards the agreement of the concepts and thought. The concepts that remain were broken down into sub-theme. Another stage of analysis was taken again towards the personal interviewee level to find within individual reliability with each concept. The readers put together and obtained all the text references to a concept. In this context, the readers' assured that the scientific rigor of the qualitative analysis by making sure the themes and contexts derived were correct.

Results The study was to complete interviews with patients who are suffering from chronic diseases. All participants completed face to face interview. Participants included chronic diseases like the severe stage of ulcer, cancer, and Uterus prolapse. The main emergent themes which are generated from participants' semi-structured interviews included: Health literacy and knowledge of chronic diseases, Health belief system, and Experience of health problems.

Health literacy and knowledge of chronic diseases

Participants had very low knowledge of health and chronic diseases. They did not have sufficient health knowledge regarding some of their diseases and medications. This study helps in achieving and understanding knowledge for health and evaluating this is in the context of their family history, ethnicity, and culture social norms and values. Achieving and understanding

knowledge for individual health was taken as valuable. Without health and disease knowledge, the individual would be unable to perform healthy choices for their health outcomes. So, good health knowledge is necessary to perform better health outcomes for all individual people. Participant-A suffers from the chronic disease of intestinal ulcer and reported:-

I actually, don't know how much serious intestinal ulcers can be, because I don't know how painful it. Previously, I thought I have more knowledge and conscious about my health problems. So, I had a doctor and I used to visit there for a health check-up but the doctor had given medicine without properly diagnosed with diseases. Now, I had reached this stage of life which is very dreadful and painful.

When I asked the participants where they generally got health knowledge and treatment information, participants replied they have got more their knowledge from radio, television, doctors, nurses, and community leader. Participant-C reported :

I, you know that nowadays we all listen radio and watched television and got information of health and diseases. I think, we go to the doctors and health personnel they also have providing information about health and disease. Other people like political leader and community leader also providing health information to us.

Health beliefs system

Regardless of being suffered from diseases, participant-B believed that personal health was the individual responsibility and that people suffered from disease because of their unhealthy foods and bad habits. Participant-B was confirmed that he got cancer as a result of unhygienic food and bad habits.

..... I am very sure that I got this disease because of unhygienic food and bad habits. I had developed a habit to consume alcohol and cigarette regularly.

It is my mistake to consume unhealthy substances and I have this disease now. If I had known earlier, I may not have this disease now. That was my big mistake now I am realized.

Participant-C identified external factors and causes are responsible for the disease. He told that social norms, values, traditions, and cultural practices directly influenced people's perception and determination to follow unhealthy foods and habits.

.....In our Mongolian society and culture, during festival time, all eat a lot of meat, fatty fried food, and heavily drink alcohol. Most of the friends and relatives force all of us to involve with them. If we are not giving accompanying we will feel out of place or considered abnormal. I don't like to say it is completely their fault, maybe we should also have the self-control and determination to resist ourselves from doing unhealthy practices (55 years old man living with the severe stage of ulcer, who had performed intestinal operation just earlier).

Research participants even believed that our health was in God's hands or governed by an evil power. They believed in supernatural power towards health and diseases. They stated that some diseases could only be cured by faith healers, magic power, or by offering sacrifices towards the gods and demon.

Experience of health problems.

Research participants-D experienced physical health problems and emotional stress due to uterus prolapse problems. Participants explain a bulging sensation heavy feeling in their vagina and severe pain due to uterus prolapse. Women reported that difficult walking, sitting, defecating, doing manual work, etc. This negatively impacts to perform their daily work by limiting their mobility and capacity for normal work in the household and the fields. A 75-year-old elderly woman said:

I was suffering from a uterus prolapse problem 35 years ago. I had severe pain with the experience of the uterus prolapse problem. I had difficulty with defecation; the ring pessary will come out while defecating so I need to hold that pessary and frequently suffering from piles and constipation problems. But I have not done a health check-up till now. Now, my ring pessary already come out but not replaced by another. I had given three childbirths even after suffering from this uterus prolapse problem.

During interviews, participant-D mentioned that she did not have the opportunity to rest even in this situation because according to our tradition, the daughter- in law is responsible for doing all household chores. I need to perform all daily chores included carrying water, carrying grass and fodder, caring for cattle, cleaning, washing clothes, cooking, doing agriculture work, etc. I did not get sufficient food even though I continued doing daily household chores throughout the pregnancy period. Participant D said:

I had given more childbirths but I could not get support during the time of that.

I was struggling for food; there was no one to provide food for me, I used to carry the heavy load of water, fodder, etc. and doing regular household activities. I did not get the chance to take rest even in that pitiable condition. Now, I don't want to remind that situation which brought me here in this painful condition. Participant-B had felt different life experience after suffering from cancer disease. He explains it is very painful and dreadful conditions which I cannot brief here. Participant reported that all of my daily activities stop all of sudden and totally depend on other to run my life. He said: *It is very dangerous disease and life threatening also. If anybody suffering from this disease problem almost became passive and nothing able to do. In this situation, I needed more support from family whole time. My family was very supportive and caring also, they just treated it I had just minor other*

health problems. I am very happy to have such a family member who is supporting without conditional. The continuous support from my family member makes me happy and sometimes expecting new life again even in this painful stage. So, I have good feeling and experience because of my family support in this stage of my life.

Participant-B experienced positive towards family support systems during the illness time. She said it is equally important as well as treatment system to get happy life even in this painful situation.

Discussion

This research aimed to obtain older adult perspectives towards health literacy and knowledge of chronic diseases in Nepal. The three emerging themes from the interviews were health literacy and knowledge of chronic diseases, health belief system, and experience of health problems. The findings of the study support that health knowledge and health belief systems along with socio-economic and cultural factors influence chronic diseases among older adults.

Cultural diversity and gender roles are also playing a vital towards health literacy and health outcomes in Nepal. Health care practices in households have deep roots in cultural beliefs and gender roles (Budhathoki et al. 2016). Knowledge and education are determinants to make aware of the available services and overall understanding of health and disease (Budhathoki et al. 2017)²¹. Therefore, massively providing education regarding health is necessary to change the traditional belief system to health and disease. There is general agreement that a relationship exists between health literacy and health outcomes; however, the debate continues what constitutes 'health literacy', how it is measured, and how to do the level of health literacy would be better.

To date, much of the published research on health literacy has come out of developed countries but extensive health literacy activity is

now beginning to occur in developing countries like Nepal. Health literacy is a new concept that involves the bringing together of people from both the health and literacy sector (Gillis & Quigley, 2004)²². Health and literacy develop the views that both are very important aspects for individuals living every day. Our levels of literacy are directly affected our ability not only act on health knowledge but also to take more control of our health (Kwan et al., 2006)²³ Hence, literacy levels are associated with education, ethnicity, and age, several studies have shown that having limited literacy or numeracy skills also acts as independent risk factors for poor health, often because of medication errors and a poorer understanding of disease and treatments (Williams et al., 1998)²⁴.

This study is also found that health literacy was positively influences to increase knowledge of chronic disease. Patient socio-demographic factors are associated with knowledge of their chronic disease. There was a close relationship between having lower socio-economic status and knowledge of chronic disease. Patient with lower literacy are more likely to have chronic disease such as diabetes and heart diseases (Adams et al., 2009)²⁵. Furthermore, patients with common chronic diseases are unaware of their health conditions.

Conclusion

It can be concluded that health knowledge, socio-cultural aspects, and gender roles impact the level of health literacy that influences the health and diseases of older adults. Cultural diversity, language, social norms, and values are playing a vital role in health and chronic diseases. Health knowledge, awareness, and literacy level are low in most of the communities in Nepal. The appropriate level of health literacy needed to support the proper utilization of available health services. Therefore, it is most important to improve the health literacy to enhance positive health outcomes and management of chronic diseases of older adults.

Acknowledgment

The author would like to thank older adult people who were willing to participate in the study.

Conflict of Interest

The author declared that there are no conflicts of interest regarding the publication of this paper.

Author Contributions

The author contributed to data collection, data analysis, drafting the article, and gave final approval to be published.

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