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HEALTH LITERACY: A POSITIVE OUTCOME OF GLOBAL PANDEMIC SCENARIO

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ABSTRACT:

According to numerous research, a number of important elements play a part in both individual and societal acceptance of false information about health. Low health literacy is one of the most important, and the current COVID-19 "misinfodemic's" remarkable extent and size pose a serious threat to all aspects of healthy living in this regard. Health literacy has traditionally been thought of as either set of skills, knowledge, or a setup of wellness-related tasks. The following aspects are covered in this article: Rebuilding global health awareness, increasing acceptance of health literacy, and defending health literacy is a way to improve immunity and health consumers. As a population resource and community asset, health literacy should be intentionally developed. The research presented in this article is intended to raise public awareness of global health issues and to stimulate more study in this area.

Keywords: Pandemic, Health, Health literacy, and Wellness.

I. INTRODUCTION:

One of the main dangers to global healthcare systems and public health reforms since the start of the corona virus epidemic is the rate of increment of disease. Despite the urgent need to fight against disease on a global scale, it is paradoxical that the issue of health literacy is either disregarded or misinterpreted as a public health concern in the current health crisis. The COVID-19 virus is the subject of a wealth of information, both accurate and inaccurate, which has done far more to spread fear and panic than the virus itself. For the healthcare systems to be ready to react quickly to disease outbreaks, as well as for limiting the transmission of the virus and avoiding sickness, health literacy is crucial.

Making informed health decisions requires having the knowledge and skills to gather, analyse, and interpret health-related information and services [1]. Even in economically developed countries with robust educational systems, nobody is ever completely health literate. Everyone requires assistance at some point in order to comprehend, act on, or navigate crucial health information. The population groups most likely to have insufficient health literacy include older people, people who identify as racial or ethnic minorities, people with lower levels of education, migrants, and people in poor health [2]. Since the COVID-19 virus began to spread, the world's healthcare system and way of life have come under scrutiny. The COVID-19 public health emergency serves as a reminder of the importance of addressing public health issues and enhancing healthcare systems' ability to combat disease. Infection risk is undoubtedly much influenced by other people's behaviour and their observance of safety precautions and governmental regulations. As it has become abundantly clear, these disease outbreaks respect no national, ethnic, or system boundaries and affect every individual and country, it is crucial to reform healthcare systems and health emergency services as well as be ready for epidemic or pandemic crises. This is especially true for COVID-19, which has eloquently illustrated the significance of these reforms. The COVID-19 crisis showed that health literacy was underestimated [3,4].

The capacity to gather, analyse, grasp, and use services and information related to health in order to make wise decisions regarding one's health is known as health literacy. It necessitates the application of a broad variety of talents to health-related problems. Understanding how to use prescription drugs safely, following a doctor's directions, and signing permission paperwork are all examples of personal health literacy. Health literacy is the application of a variety of skills to improve people's capacity to act on knowledge in order to live healthier lives. These abilities consist of critical thinking, interpersonal skills, communication ability, decision-making ability, reading, writing, speaking, listening, and numeracy.

The ability to acquire, process, and grasp the basic health information required for making wise health decisions is known as health literacy.

The prevalence of health literacy is greater among the following groups:

- *Senior citizens
- *Populations of minorities
- *Individuals with a low socioeconomic status
- *Individuals who are medically underserved

Since the start of the coronavirus disease 2019 (COVID-19) pandemic, the illness has grown to be one of the biggest threats to global healthcare systems and public health reforms. It is paradoxical that, in the midst of the present health crisis, health literacy is either disregarded or incorrectly identified as a public health problem despite the urgent need to fight disease on a

worldwide scale. As it is now, there are many sources of accurate and inaccurate information about the COVID-19, which did far more to spread panic and dread among the populace than the virus itself. The ability of healthcare organisations to respond quickly to situations needing disease management is a tough aspect of limiting the virus's spread and preventing disease [5].

However, the COVID-19 infodemic has shown that a major global public health problem is a lack of health literacy. For instance, nearly half of European adults said they had trouble understanding health literacy and lacked the skills essential to take care of their own and others' health. With long-term and early investments in education and communication, health literacy is already recognised as a crucial strategy for preventing noncommunicable disease. However, as COVID-19 gained momentum, two aspects became apparent. To begin, health literacy is critical for both communicable and non-communicable disease prevention globally. Furthermore, for tackling challenging real-world issues, individual readiness is just as important as system readiness. Because of the urgency with which governments and communities must respond to this pandemic, it is challenging, but not impossible; to take the time required to enhance health literacy [6].

The COVID-19 [7–11] threat to the world's health makes population, community, and individual health literacy more important than ever. From a variety of sources and perspectives, critical, urgent health information about COVID-19 is now being released almost daily [12–19]. These sources include local media, governments, and organisations working to contextualize the reaction in a way that is significant to their communities, as well as private Facebook messages from medical professionals donning scrubs and masks.

II. WHAT IS HEALTH LITERACY?

The United States government updated the definition of health literacy in its Healthy People 2030 external icon initiative, which was released in August of 2020. The updated definition of personal and organizational health literacy is as follows:

- Personal health literacy is the ability to locate, comprehend, and use health-related information and services in order to make decisions and take actions for oneself and others.
- Organizational health literacy refers to how well people are able to locate, comprehend, and make use of health-related information and services to inform both their own and other people's decisions and actions.
- Health literacy was defined as "the capacity of individuals to acquire, process, and absorb basic health information and services necessary to make informed health decisions" - Healthy People 2010 and Healthy People 2020.

The new definitions are as follows:

- Give people's ability to use health information more credit than just their comprehension of it.
- Place more emphasis on having the ability to make "informed" choices than "acceptable"

ones.

- Inclusion of public health perspective.
- Acknowledge that organizations are in charge of fostering health literacy.

According to these criteria, both individuals and organizations may utilize their health literacy abilities to enhance the health of their constituents and communities.

A. Literacy in Digital Health:

The ability to seek for, acquire, understand, and assess health information from electronic sources and to apply this knowledge to address or resolve a health condition is known as digital health literacy (or eHealth literacy).

Eight out of ten health-related consultations on health information were conducted via search engines such as Google, Yahoo, or Bing, and one out of every twenty Google searches is for health-related information.

The growing user base, frequency of use, and interaction generated by social media have favored health interactions, including health promotion.

Health institutions are critical in facilitating the dissemination of reliable and trustworthy health information in an environment where anyone can post health information.

By encouraging better integration and individualization of service, electronic medical records, decision support systems, data registries, electronic therapy, wearable monitoring or reporting devices, and learning platforms have the potential to improve health care access.

Seven domains comprise the eHealth Literacy Framework (eHLF):

1. Capability of information processing
2. Participation in one's own health
3. Capability to actively engage with digital services
4. Possessing a sense of security and control
5. Motives for utilizing digital services
6. Obtaining access to operational systems, and
7. Individualized digital services.

II. KEY POINTS OF DIGITAL HEALTH LITERACY:

In case of digital health literacy or e-health literacy, eight out of ten health-related consultations on health information were conducted via search engines such as Google, Yahoo, or Bing, and one out of every twenty Google searches is for health-related information.

The growing user base, frequency of use, and interaction generated by social media have favored health interactions, including health promotion.

Health institutions are critical in facilitating the dissemination of reliable and trustworthy health information in an era when anyone can post health-related information [20-21].

IV. HEALTH LITERACY: DIMENSIONS

The ability to find, understand, and apply information and services that may be used to guide decisions and actions about one's own and other people's health is known as personal health literacy. Understanding the directions on prescription medications, adhering to a doctor's orders and permission documents, and navigating the complex healthcare system are all examples of personal health literacy abilities.

Organizational health literacy refers to the extent to which organizations assist individuals in locating, comprehending, and utilizing health-related information and services to inform their own and others' health-related decisions and actions. The company works to increase health literacy by streamlining the appointment scheduling process, ensuring patient comprehension via the Teach-Back method, and communicating with patients in the appropriate language, reading level, and format.

According to the World Health Organization, digital health literacy is the ability to find, comprehend, and evaluate health information from electronic sources and then apply that knowledge to address or resolve a health condition. Utilizing health and wellness apps, gaining access to your electronic health record, and communicating online are all examples of tasks that fall under the category of digital health literacy. Quantitative literacy, commonly referred to as numeracy, is a set of mathematics and sophisticated problem-solving abilities necessary for success in today's data-driven culture [22].

V. DEVELOPMENT OF ACCEPTANCE OF HEALTH LITERACY:

As people with higher health literacy may be more empowered and have better health outcomes, we anticipate that increasing health literacy over time will result in improved self-management, improved health outcomes (e.g., less hospitalization, more active participation in health decision-making, and greater.

Numerous factors, including economy, disability, education, age, race/ethnicity, and can influence individual's health literacy, with adults living in poverty having lower health literacy than adults living above the poverty line.

Instructions should be given more slowly, with consideration and clarity without being patronizing. Graphics and visuals should be used in place of lengthy textual instructions, and information should be given at an appropriate grade level.

A consumer's capacity to make educated decisions and take action to manage their health and health care, as well as healthcare practitioners' ability to manage their relationships with patients and deliver treatment, depend on their level of health literacy. As they are more likely to experience poor health outcomes, need emergency treatment, and be admitted to the hospital.

The degree of health literacy a person possesses affects both their ability to manage their

health and healthcare, as well as that of healthcare professionals to manage their patient relationships and provide care.

They are more likely to have negative health outcomes, require urgent care, and require hospital admission.

Figure -1 displays the many facets of health literacy.

Education
Personal Ability
Sex Difference
Age
Early childhood Development
Culture & Language

Fig.1. Aspect of Health Literacy

VI. HEALTH OUTCOMES ARE RELATED TO HEALTH LITERACY:

Females express more instances of self-rated health in general than males; age positively predicts health in general; education positively predicts health in general; social class positively predicts health in general; and being a parent improves overall self-rated health.

Gender
Age
Education
Income
Social class
Parent

Fig. 2. Health literacy on health in general

Gender
Age
Education
Income
Social class
Parent

Fig. 3. Health literacy on health in general:

FIG-3 presents a model for the relationship between health literacy and exercise. In terms of demographics, an increase in social class is associated with a decrease in exercise. Exercise has a significant negative effect on health literacy, indicating that higher levels of health literacy are associated with lower levels of exercise. The ability to understand information depends on expectations, perceived utility, individualization of outcomes, and causal interpretation; the ability to process and evaluate information depends on complexity. Each of these skills is crucial to health literacy, each of which requires a certain set of cognitive abilities, and each of which is reliant on the quality of the information provided. Timing and reliability are other important factors in obtaining and using health information. The skills also emphasise the need for systems, organisations, and services to adopt functional, interactive, and critical health literacy [23] in order to co-facilitate the process [24].

VII. IMPACT OF HEALTH LITERACY:

Because contextual demands change over time and one's ability to navigate the health system depends on cognitive and psychosocial development as well as previous and current experiences, health literacy skills and competencies are acquired over the course of a person's lifetime and are associated with lifelong learning [25]. Personal, situational, societal, and environmental factors all have an impact on health literacy. Age, gender, race, socioeconomic status, education, occupation, job, income, and literacy are examples of personal determinants. Physical surroundings, media intake, social support, and peer and familial influences are examples of situational factors. Finally, socioeconomic and environmental variables include, but are not restricted to, societal structures, political pressures, cultural trends, and linguistic factors. Health literacy has an impact on health outcomes and societal costs, which in turn has an impact on health behaviour and service utilization. Individually, low health literacy hinders communication, which results in incorrect and inappropriate treatment, and risks to patient safety. People who are health literate can participate in ongoing conversations about health, medicine, scientific understanding, and cultural

views at the population level. Additionally, they have the freedom to express themselves and choose how to handle their health. In essence, health literacy benefits may be found in all aspect of life, including the family, workplace, community, and culture, and they are crucial to upholding equity and sustainability for all.

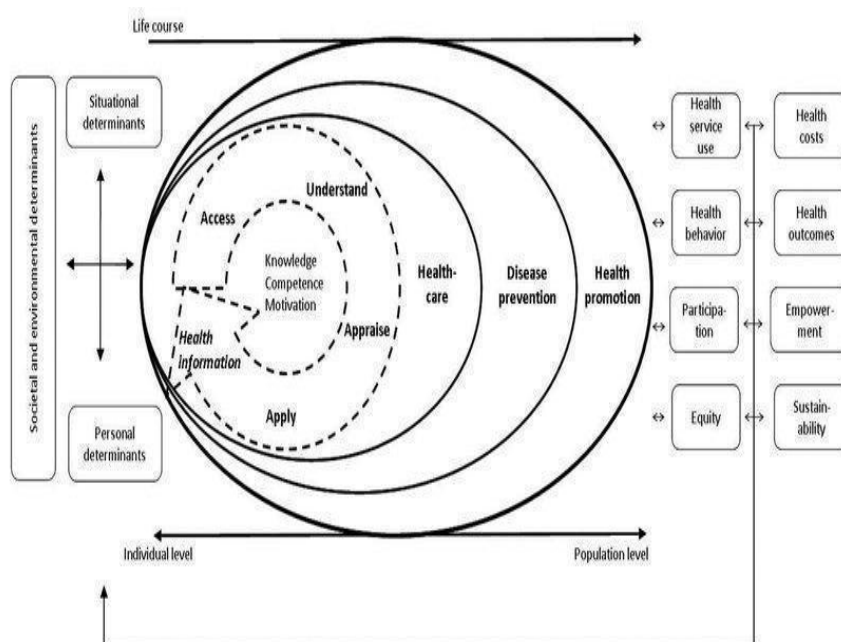


Fig. 4. The contributing factors and outcomes of health literacy [26]

VIII. COMPONENT OF HEALTH LITERACY:

A. Health Promotion:

Enhancement and maintenance of good health

- i) Promote nutritional knowledge and diet plans
- ii) Reduction of Psychological stress through meditation and spiritual cultures
- iii) Good sleep patterns
- iv) Daily routine of exercise or physical activities.

B. Protecting People's Health:

Ensure that individuals' health is preserved.

- i) Maintenance of proper hygiene
- ii) Avoiding harmful exposure
- iii) Community voting against unhealthy issues

C. Prevention of Disease:

Prevent diseases by taking preventative actions and participating in screening and early detection.

- i) Taking preventive action
- ii) Engage in the screening of diagnostic tests

- iii) Posting of immunizations
- iv) Reading charts, graphs, and a constant source of awareness

D. Health Care and Maintenance:

Seeking care and forms partnerships with physicians

- i) Reading medical history, health information,
- ii) Follow the instruction and medical recommendations
- iii) Seeking professional care when needed
- iv) Describing symptom
- v) Following the direction of experts and adjusting their regimen as needed.

E. Navigation:

Access health services and make use of benefit

- i) Understanding statements of rights and informed consent
- ii) Information about available local facilities

IX. JUSTIFICATION OF HEALTH LITERACY FOR BOOSTING IMMUNITY AND HEALTH CONSUMERS:

A good diet is important for immune system support and can lower the chance of acquiring other health concerns, such as heart disease, obesity and overweight, diabetes, and some types of cancer. However, neither foods nor dietary supplements are able to prevent or treat COVID-19 infection.

Exclusive breastfeeding for the first six months of a baby's life is the foundation of a healthy diet, which is followed by the introduction of wholesome meals to supplement breast milk from the age of six months to two years and beyond. It is impossible for COVID-19 to spread by contact with food or food packaging.

Suggestive measures for maintaining a healthy diet includes:

A. Various types of Foods, Paying Special Attention to fresh Fruits and Vegetables,

- Include some animal products in your daily diet along with a range of wholegrains like rice, wheat, maize, and legumes like beans, and lentils as well as of vegetables and fresh fruits,
- Whenever feasible, choose whole grain foods like unprocessed grains like brown rice, oats, millet and wheat. These foods are high in fibre and can help one feel filled for longer.
- Unsalted nuts, fresh fruit, and raw veggies can be helpful as snacks.

B. Reduce Your Salt Intake

- Consumption of salt must be restricted to no more than 5 grams.
- Use salt sparingly when preparing food, and use salty sauces and condiments sparingly.
- When using canned or dried foods, choose a variety of vegetables, nuts, and fruits without

added salt and sugar.

- Instead of salt, use fresh or dried herbs and spices to enhance flavours and test.
- Carefully read food labels and choose products with a low sodium content.

C. Consume Fats and Oils in Moderation....

Use healthy fats like olive, soy, sunflower, or maize oil in place of butter, ghee, and lard while cooking.

- Choose white meats, which are typically lower in fat than red meats like beef and veal; remove any visible fat from meat; and stay away from processed meats.
- Opt for milk and dairy products with reduced or low-fat content.
- Steer clear of baked, fried, and processed meals that contain trans fats made in factories. Boiling or steaming should be used instead of frying during cooking.

D. Consume Sugar in Moderation....

- Limit the amount of sweets and sugary drinks and including carbonated drinks, juice drinks, liquid and powder concentrates, energy and sports drinks, ready-to-drink tea and coffee, and flavoured milk drinks.
- Opt for fresh fruit instead of sugary sweets like cookies, cakes, and chocolate, and make sure other desserts are low in sugar and eaten in moderation.
- Before the age of two, supplemental meals should not include salt or sugar; after that age, they should be used sparingly.

E. Maintain Adequate Hydration....

The healthiest and least costly beverage is tap water when it is accessible and safe to drink. A quick approach to cut down on calories and sugar is to switch to water from sugar-sweetened beverages.

F. Avoid alcohol consumption that is risky and harmful.

- Drinking alcohol has the potential to be hazardous and offers no protection against COVID-19. Short-term risks of harm are increased by frequent or heavy alcohol use, while long-term repercussions include cancer, liver damage, cardiovascular disease, and mental illness. Although there is no limit on how much alcohol is acceptable for an individual.

G. Exclusively Breastfeed Infants and Young Children:

- For the first six months of life, infants should only be breastfed since breast milk includes all the nutrients and fluids they require.
- From the age of six months, a range of sufficient, secure, and nutrient-dense meals should be added to breast milk. Up until the kid becomes two or older, breastfeeding should continue.

If they desire to breastfeed, COVID-19-infected women may do so and should practise infection management and prevention.

X. REBUILDING OF GLOBAL HEALTH AWARENESS:

The Corona pandemic has resulted in the deaths of over a million individuals, serving as a sobering reminder of the vulnerability of world population health. Improving the mental and physical health outcomes and welfare of people on a local, regional, and national level while lowering health inequities is essential to population health and mitigating COVID-19's effects.

Furthermore, it is becoming more and more clear that sociological and environmental elements, such as food insecurity and climate change, can significantly affect population health outcomes.

The COVID-19 pandemic showed that in order to address the physical, social, political, and economic determinants of health, promote healthy habits and lifestyles, and enhance population health in healthy friendly societies, the emphasis must move from sickness to health towards wellbeing.

Designing and putting into effect population health-friendly policies requires three things.

- The first step is to raise knowledge of the causes of health disparities and the links between social, economic, and health outcomes.
- In addition to the health sector, policies should also be taken for the development of other fields such as education, employment, transportation and infrastructure, agriculture, water and sanitation.
- Lastly, it is impossible to develop and execute public health-friendly policies without including other fields [27–30].

XI. CONCLUSIONS:

Usually, when people think of health literacy, they think of a set of knowledge, a set of skills, or a hierarchy of activities (functional-interactive-critical). We propose that the word "health literacy" (or a phrase to that effect) be defined as "the capacity of an individual to acquire and translate knowledge and information in order to maintain and develop health in a manner that is suitable for the individual and system settings." The three major themes found in the literature are summarized in this definition.

- (1) Developing acceptability of health literacy.
- (2) Justifying health literacy for enhancing immunity and health consumers.
- (3) Rebuilding global health awareness in this pandemic situation.

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