

Literacy & Health

Interest in literacy and health has grown out of the recognition that there is significant overlap in the populations served and that improving literacy skills can contribute to greater well being.

Low literacy levels contribute to the poor health of citizens by eliminating them from consideration for high-waged work, thereby limiting their options in housing, food, clothing, and transportation. Low literacy also makes helpful lifestyle information, which often comes in print form from newspapers, pamphlets, food and medicine labels, and books inaccessible.

Those who live on reserves and in remote northern communities are at the greatest risk. Lower incomes, poorer nutrition, inadequate housing, overcrowding, and higher rates of single parent families all serve to set the stage for poorer levels of health compared to urban populations.

In terms of health, low literacy skills can lead to many problems:

- ◆ Individuals may lack the ability to understand materials distributed by health care providers;
- ◆ They may lack the ability to read and understand prescription medication dosages and information;
- ◆ Mothers may lack the ability to understand or access prenatal nutrition information;
- ◆ These mothers may deliver low birth weight babies who are at risk of developing health, learning and behavioral problems;
- ◆ Children who are born at a low birth rate or have poor nutrition in their early years are more likely to enroll in special education classes, to repeat grades or to fail school;
- ◆ Parents may fail to identify serious health and safety concerns within their families.

More and more families in Canada are lead by single parents. Most often, these are women who are living at or below the poverty level.

“When the parents are particularly young or have little formal education, families are even more likely to be poor. While the poverty rate for couples with children under 18 was 11.9% in 1996, single parent families headed by women had a 61.4 % poverty rate. Families with two parents who are under 25 faced a poverty rate of 39.2 %, but when they were headed by single-parent mothers under 25, they had a shockingly high poverty rate of 91.3%.” National Council of Welfare (1999), Preschool Children: Promises to Keep”.

Through strong links between literacy and health organizations, programs that provide parents with an opportunity to learn about good health, safety, child development and proper nutrition can be developed. These links can also provide parents with support systems that they may not currently have.

“In addition to the knowledge and skills the women learned from their participation in the literacy and health program, women became part of a social support network. This social network and the support it provides appear to be key factors in encouraging women to make health-related changes in their lifestyle.” Norton, M. & Horne, T. (1998). The wholeness of the individual: Linking literacy and health through participatory education. The Alberta Journal of Educational Research, 44 (2), 245-247.

Developing a communications network to link organizations with literacy programs would have many benefits to communities. Such as:

- ◆ Avoiding duplication of services;
- ◆ Providing educational resources & learning opportunities to both health care workers and literacy practitioners;
- ◆ Enhancing existing health and literacy programs;
- ◆ Sharing financial resources, expertise, and other resources in order to build programs that are sustainable in the long-term.

Nunavut Literacy Council

Box 1049 Cambridge Bay, NU X0B 0C0

Phone 867-983-2678 or 867-645-5506 Fax 867-983-2614

<http://www.nunavutliteracy.ca>