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Health doesn't just cover physical health. It covers mental and spiritual health. It is the wholeness of the individual. (Women's health group)

In 1996 a women's literacy and health project was initiated at an adult learning center in Edmonton. The main purpose of the project was to develop a participatory education program that integrates literacy development with health promotion. The research reported in these notes focused on women's reasons for participating in the project and on the effects of their participation. As research is still in progress, these notes report on initial findings.

Literacy, Health, and Participatory Education

Studies such as the International Adult Literacy Survey (Statistics Canada, 1996) have raised awareness about the incidence of low literacy among adults in Canada. Often links between low literacy and unsatisfactory health are made in relation to misreading medication labels or other instructions. Producing health information in clear language is a welcome response to this issue. However, the links between low literacy and poor health go well beyond inability to read instructions.

Income is the single most important determinant of health (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994), and income is related to literacy (Statistics Canada, 1996). Adults with low literacy have fewer options for adequately paid employment than those with higher levels of education; many live with incomes at or below the poverty line (National Anti-Poverty Organization, 1992). Low income is related to poor nutrition, smoking, stress, and lack of physical exercise as well as to lack of access to health information and resources (Ontario Public Health Association and Frontier College, 1989; Whitehead, 1991).

Nurturing a healthy population requires a societal commitment so that all people have adequate income and housing, opportunities for education and employment, healthy working conditions, and access to health services. However, individuals can take some control over their health and contribute to the well-being of their family, friends, and communities. This is one aim of health promotion.

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Although health promotion workers are becoming more aware of the incidence and effects of adult low literacy in Canada, health promotion tends to be directed toward people with adequate literacy and related education (Ontario Public Health Association and Frontier College, 1989). Print resources and mainstream educational methods do not reach people who do not read easily, who are not at ease in mainstream educational settings, or who have different background knowledge about health.

The Ontario Public Health Association and Frontier College (1989) recommended enabling people with low literacy skills to help themselves and suggested using participatory education approaches. In such approaches participants define their own learning needs and share and build knowledge together. Integrating health promotion into literacy programs builds on relationships established between participants and their teachers (World Education, 1996).

The Literacy and Health Program

The literacy and health program at the adult learning center was developed over two 1012-week periods in the spring and fall of 1996. Topics identified by the participants and addressed during the program included stress, saying no, anger, diet and exercise, menopause, and living healthily on a low budget.

Fourteen women participated in program development, eight of whom took part in both sessions. The "health group" - as the women called themselves -- continued to meet during the winter of 1997 and then merged with the women's group at the centre. Six of the women who were in the health group continue in the center program at this time.

Objectives for the program included (a) helping women learn skills and strategies to access information and resources needed to make positive changes that can improve health; and (b) helping women to learn reading, writing, and related language strategies they can use to access, assess, and apply health information resources. This research was related to the first objective, in particular to whether participants made changes that can improve health.

Participants were interviewed at the beginning and end of the first period of program development and at the beginning of the second period. Interviews were focused on reasons for participating in the program, self-assessment of health, accessing information, changes in health practices, and response to the program. Toward the end of the second period the researcher presented themes from the interviews to the group of women and asked them to identify other issues that had arisen.

Follow-up interviews with five women who took part in the project were conducted in spring 1998, and three or four additional women will be interviewed, depending on their availability. Results of these follow-up interviews have yet to be analyzed.

Initial Findings

Information from the second and third interviews was compared with data from the first ones. Women's responses point to learning and change in diet and exercise, expressing anger, managing stress, self-assertion, sharing mutual support, and recognizing the links between health and social conditions.

Some women had been practicing healthy eating and exercise habits at the start of the program. Others named diet and/or exercise as topics of concern. At the end of the program some women said they had increased their exercise and had made changes in their diet, such as eating less fatty food.

When the program began women indicated that they recognized links between stress and health. After the program they indicated that they were learning about and getting better at coping with stress. They were also becoming more confident in asserting themselves. Learning to say no to others' demands was an important factor for them. Although saying no was still difficult, women reported that they were able to say no more often than at the start of the program. Learning to express anger and other emotions in healthy ways was also an important topic for most of the women. After the program a number said that they were committed to learning how to control their anger or to express it in ways that were not hurtful to others.

Women tended to discuss health in terms of their personal behaviors at the beginning of the program. Afterward they indicated a more conscious recognition of the links between health and low incomes. Women also placed high value on making connections with each other and sharing support with others in the group.

Conclusion

All the women who participated in the literacy and health project were living on low, fixed incomes. For various reasons a number of them did not have immediate options for increasing their income, and living with low income contributed to stress and other problems with health. Although an increased income would contribute to women's well-being, participating in the health project also had positive effects. The project provided important social support for the women who participated. According to some health experts, being part of a social support network may be as important to promoting health as reducing certain established risk factors (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994). Through the project women also developed knowledge and skills to improve some aspects of their health and supported each other in making changes.

Note

1. The program was field tested in four other sites in 1996-1998. A handbook for the program will be published in summer 1998.

References

Federal, Provincial and Territorial Advisory Committee on Population Health. (1994). *Strategies for population health: Investing in the health of Canadians.* Ottawa, ON: Ministry of Supply and Services Canada.

Ontario Public Health Association and Frontier College. (1989). *Literacy and health project phase one. Making the world healthier and safer for people who can't read.* Toronto, ON: Author.

National Anti-Poverty Organization. (1992). *Literacy and poverty from the inside. Summary report.*Ottawa, ON: Author.

Statistics Canada. (1996). *Reading the future: A portrait of literacy in Canada.* Ottawa, ON: Human Resources Development Canada and the National Literacy Secretariat.

Whitehead, M. (1991). The concepts and principles of equity and health. *Health Promotion International,* 6, 217-226.

World Education. (1996). *Linking health and literacy (World Education Themes).* Boston, MA: Author.