

Health Literacy in Childhood and Adolescence

Theories, Concepts and Models (TeCoMo)



JANINE BRÖDER
BIELEFELD UNIVERSITY, GERMANY



Janine Bröder

janine.broeder@uni-bielefeld.de



Paulo Pinheiro

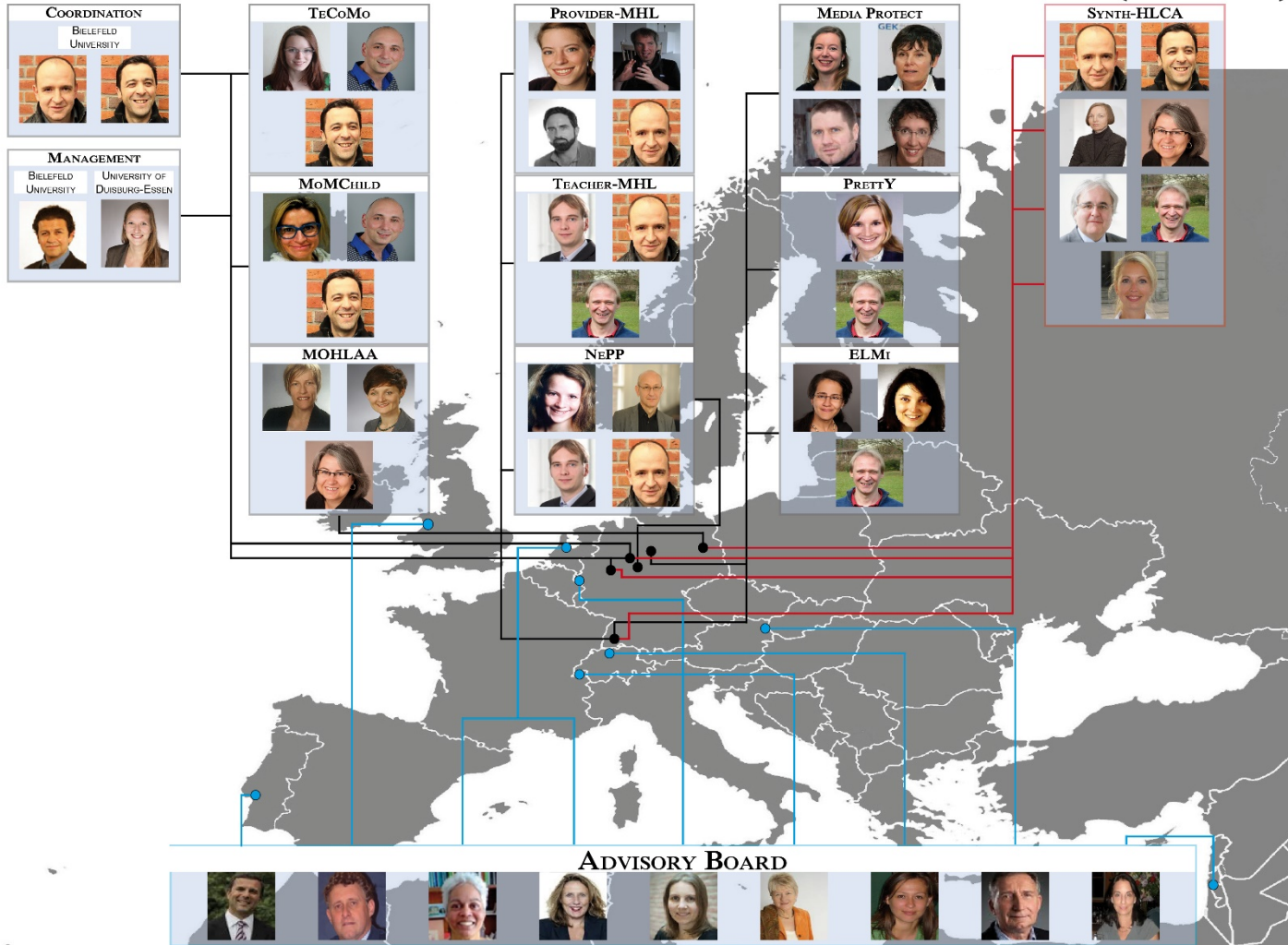
paulo.pinheiro@uni-bielefeld.de



Orkan Okan

orkan.okan@uni-bielefeld.de

HEALTH LITERACY IN CHILDHOOD AND ADOLESCENCE (HLCA)



A TARGET FOR HEALTH PROMOTION AND PRIMARY PREVENTION



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Overall objective

To develop a comprehensive theoretical and conceptual framework on health literacy in childhood and adolescence

Methods

Mix of methods: Systematic reviews, deductive & inductive content analysis, expert validation using Delphi panel.

Issues to be addressed

- (1) Child development
- (2) Individual and contextual factors
- (3) HL of adults impacting on child health & wellbeing
- (4) Workable & applicable framework

Duration

March 2015-February 2018

Phase 1: Scoping available evidence

- Systematic literature reviews
 - on HL concepts and models in children and adolescents; and
 - exploring child development perspectives and developmental factors with relevance for HL in children and adolescents
- Exploring and discussing multiple entrypoints

Phase 2: Develop an definition and integrated conceptual framework of HL for the target group

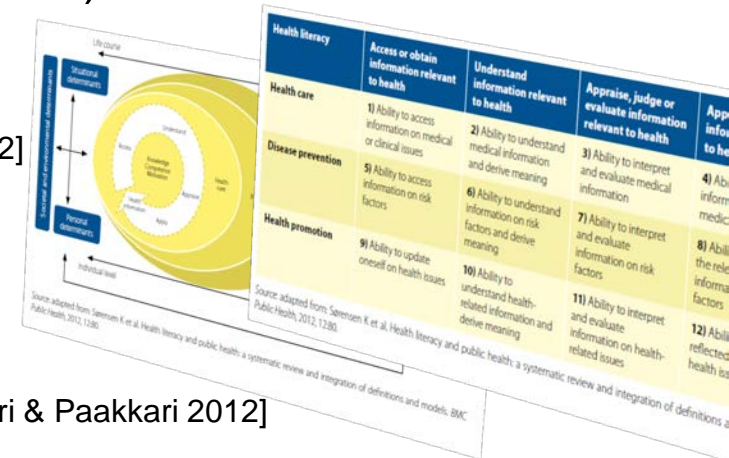
Phase 3: Integrate children and adolescents' perspectives into adult HL frameworks



Where to start from?

Build upon available **concepts and models** from HL research and adapt these to childhood and adolescence:

- e.g. Nutbeam's Conceptual model and typology of HL [Nutbeam 2000]
 - HL as (clinical) risk and HL as (personal) asset [Nutbeam 2008]
- e.g. HLS-EU model and matrix [Sørensen 2012]
- e.g. HL component model for children and adolescence from Finland [Paakkari & Paakkari 2012]



From a medical perspective, consider **four Ds** when outlining health care quality and HL

- **Development**

Consider the developmental ability of the child

- **Dependency**

Children depend on parents or other adults for health care

- **Disease Epidemiology**

Children's health, disease, and disability patterns differ from that of adults

- **Demographics**

Consider the impact of poverty and single-parent families on children's development and health care



Let's widen the perspective and
move towards health promotion ...

1) Development

When do children start to acquire what kind of HL skills and knowledge?

- Children differ in their **learning** and **developmental ability** (i.e. cognitive, emotional, and physical development)
- Children understanding of health and illness develops as they move through **linear learning stages** [Borzekowski, 2009, applying Piaget's concepts]
- Children as **self-educated learners** [George, 2013]
- Assistance or '**scaffolding**' from adults or peers help children to master tasks or skills they otherwise could not [Borzekowski, 2009; Vygotsky, 1979]

2) Dependency

How and to what extent do children depend on their parents and surroundings for (health) care and HL skills?

- Intergenerational and power relations
- Children as [Mayall, 2015]
 - beings and not just becomings
 - embodied social agents and co-constructors of their social worlds
 - a social (minority) group [Bühler-Niederberger et.al, 2015; Alanen et.al., 2015]
- Capabilities [Nussbaum, 2011,2003; Sen, 2001]



3) Disease and health perceptions

What is the relation between children's health, disease, and disability patterns and HL?

- A **higher vulnerability** of children to risk factors for psychological, emotional, or learning disorders
- **Age-specific** risk patterns and disease burden
 - Acute vs. chronic diseases
 - NCD's vs. communicable diseases
- Healthy upbringing
- Health perceptions of children and adolescence

[Gore et al. 2011;
Glaeske, 2008;
Bergmann et al. 2008]

4) Demographics

What is the impact of poverty and other socio-economic issues on children's development of HL?

- **Disproportional affect** of health inequalities and socio-economical dispositions on children
- **Highly divers** and **heterogenic** milieu compositions
- Relevance of **social** and **physical environment** on the child's capacity to develop in a healthy way

5) Democratic Citizenship

How to develop HL and take on an active citizenship, acting in an ethical- and social-responsible way?

- HL empowerment as a **participatory, self-learning process**
 - Moving beyond one's own perspective
- HL as a **social, democratic practice** instead of a hierarchical, authoritarian way of education
- Acknowledging the **pluralistic, subjective dimensions** of Health and HL
 - There is no one (healthy) way
 - Respect for children's autonomy?

[George, 2013;
Paakkari & Paakkari, 2012]

5) Democratic Citizenship

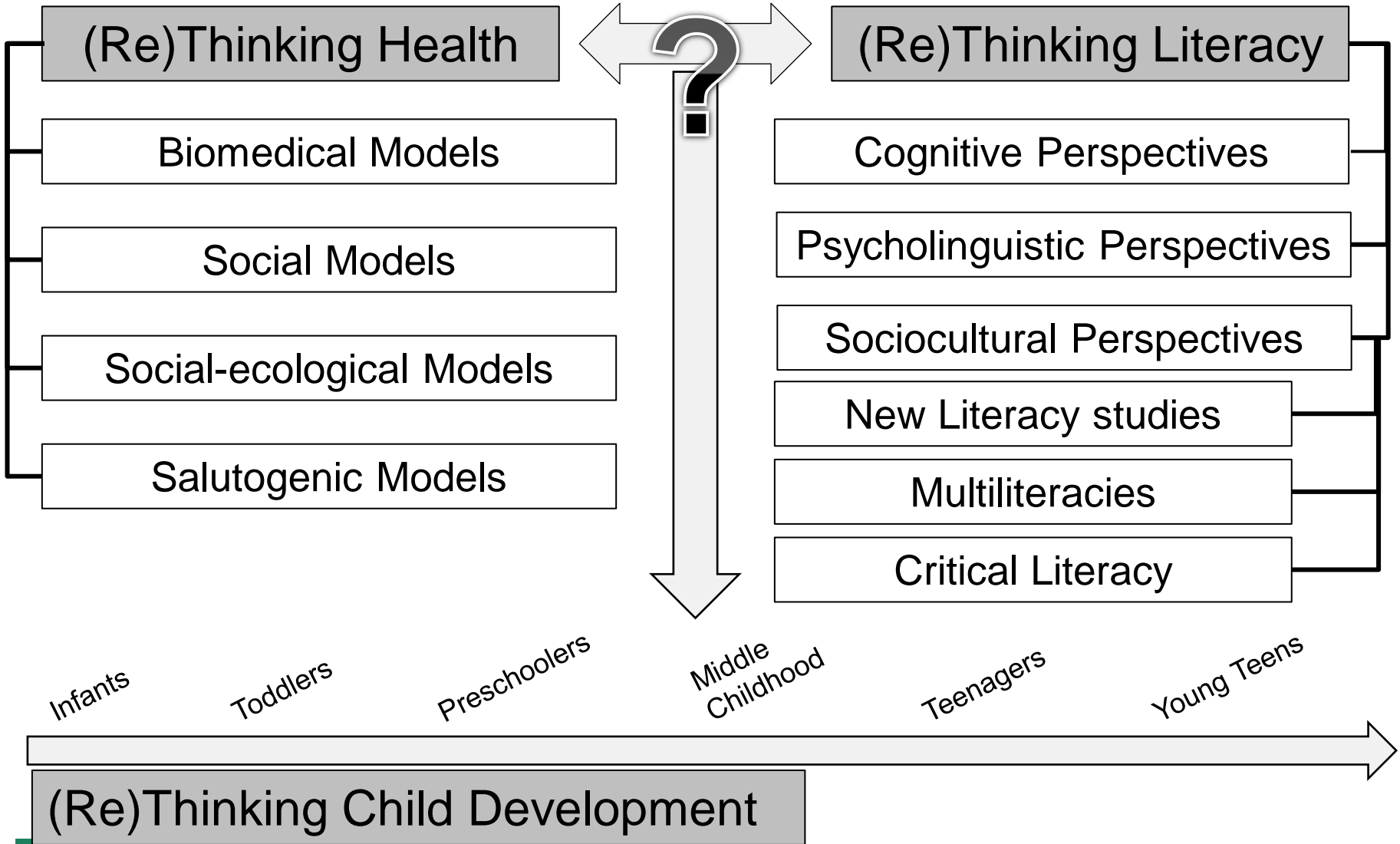
- HL as a **multiple literacy** is not limited to theoretical & practical knowledge, but includes
 - critical thinking
 - self-awareness
 - citizenship

[Paakkari & Paakkari, 2012]

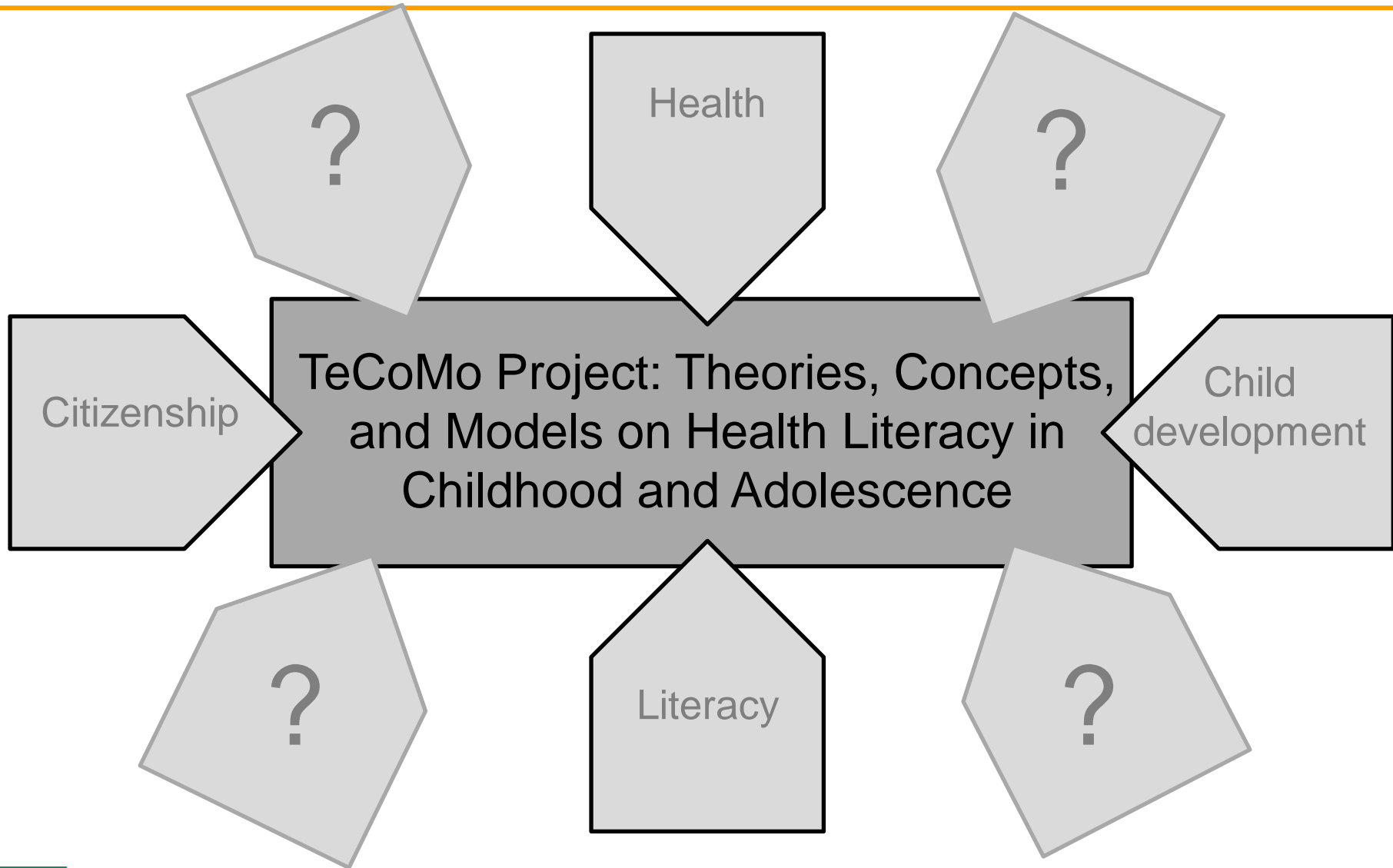


... Let's think in an
even wider HLCA paradigm!

(Re)Thinking the Basic Concepts



Challenge: Synthesizing Perspectives



TeCoMo's expected innovation

- Adding to the knowledge base of HLCA: bridging the **multidisciplinary** gap
 - HLCA is of holistic nature and relevance
 - Integrating different disciplines and their health and literacy perspectives
- Moving towards a **holistic perspective**
 - Zooming out from an individual-level perspective by integrating an ecological and structural perspectives
- **Improved understanding** of the interaction between child development, social environments and health outcomes
 - Recognizing the target group and their different life phases



Thank you for your attention!

Contact

janine.broeder@uni-bielefeld.de

paulo.pinheiro@uni-bielefeld.de

orkan.okan@uni-bielefeld.de