

Health inequalities, health promotion and health literacy in vulnerable families

A health-related explorative ethnographic study

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Background

The publication of the Ottawa Charter in 1986 [1] marked an important change of perspective not only in public health. It introduced health promotion as a means to achieve *Health for All* and set its goal - "to enable all people to achieve their fullest health potential". Health promotion has a strong link to the concept of inclusion: Every person, regardless of potential disabilities, vulnerabilities or developmental risks, shall be able to maximize his or her well-being.

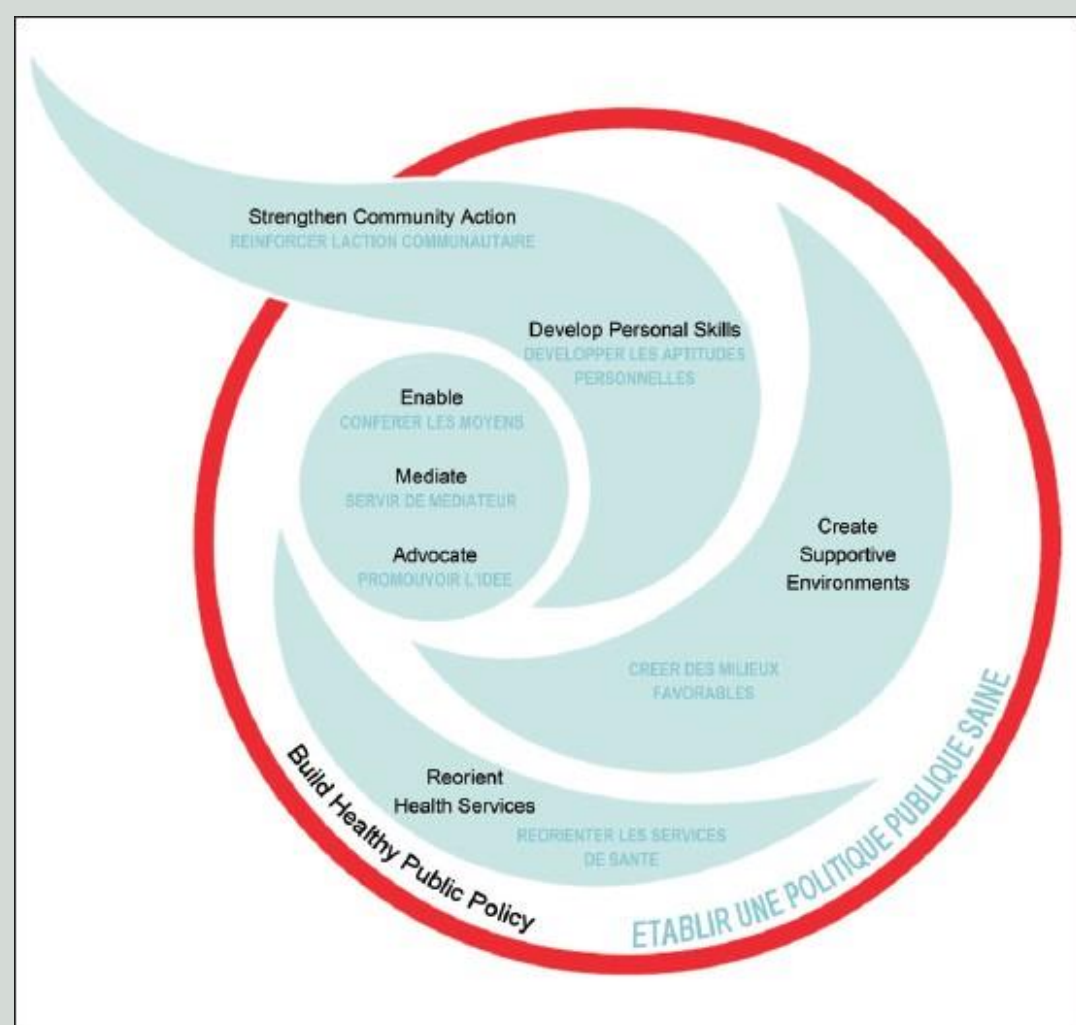


Fig. 1: Health Promotion Emblem [9]

30 years after Ottawa, health inequalities are growing and continue to be a major public concern [2, 3]. Most health disparities occur along a social gradient involving the dimensions of ethnicity/migration background, gender, socioeconomic status, and others [2, 4]. These dimensions of heterogeneity play a major role in the daily lives of families. The family as core element of society is the primary institution of socialization [5] and thus also the primary instance where children learn about health: how to promote, maintain and restore good health [6]. It is one of the most important environments where children develop health literacy.

Health literacy

is defined as „people’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning health-care, disease prevention and health promotion to maintain or improve quality of life during the life course”. [7]

Previous research on health literacy has mostly relied on quantitative survey methodology, focused on adults and was marked by a biomedical, pathogenic understanding of health. Little attention has been paid neither to children's health literacy nor to how health literacy is developed [8]. Qualitative research into health literacy marked by a salutogenic perspective on health is also lacking.

Objectives & Research Questions

The aim of the present study is to investigate how health is being 'taught' and 'learnt' in vulnerable families with and without migration background adopting a resource-oriented perspective on the competences of disadvantaged groups.

- What health-related competences can be identified? In what way are they congruent with and/or distinct from those reported in the literature?
- What health-related daily activities and coping strategies can be observed?
- What personal and social competences are available to family members and how do they influence their health?
- In families with migration background: (How) do the multi-cultural living conditions influence health-related knowledge, attitudes and behaviour?

Methods

- Design: exploratory ethnographic field study
- Research methods: participant observation, ethnographic and guided interviews, document analysis
- Participants: vulnerable families with young children (aged 0-8 years) with and without migration background
- Analysis: circular process of data collection/observation, analysis and interpretation; triangulation; comparative intercultural analysis

Expected Outcomes

Our research will provide insights into the daily lives and health-related practices of vulnerable families living in Switzerland. We aim to reconstruct the meaning-making processes of these people by adopting an ethnological perspective. The findings from the present study will help improve target group specificity of health promotion programs. They will provide professionals working with vulnerable families with a more holistic understanding of the families' lives.

HLCA Research Consortium

Health Literacy in Childhood and Adolescence (HLCA) is a multi-center research consortium funded by the German Ministry of Education and Research (BMBF) conducting evidence-based health literacy research in 10 subprojects. We work as associated partners in close cooperation with the consortium.

www.hlca-consortium.de



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