

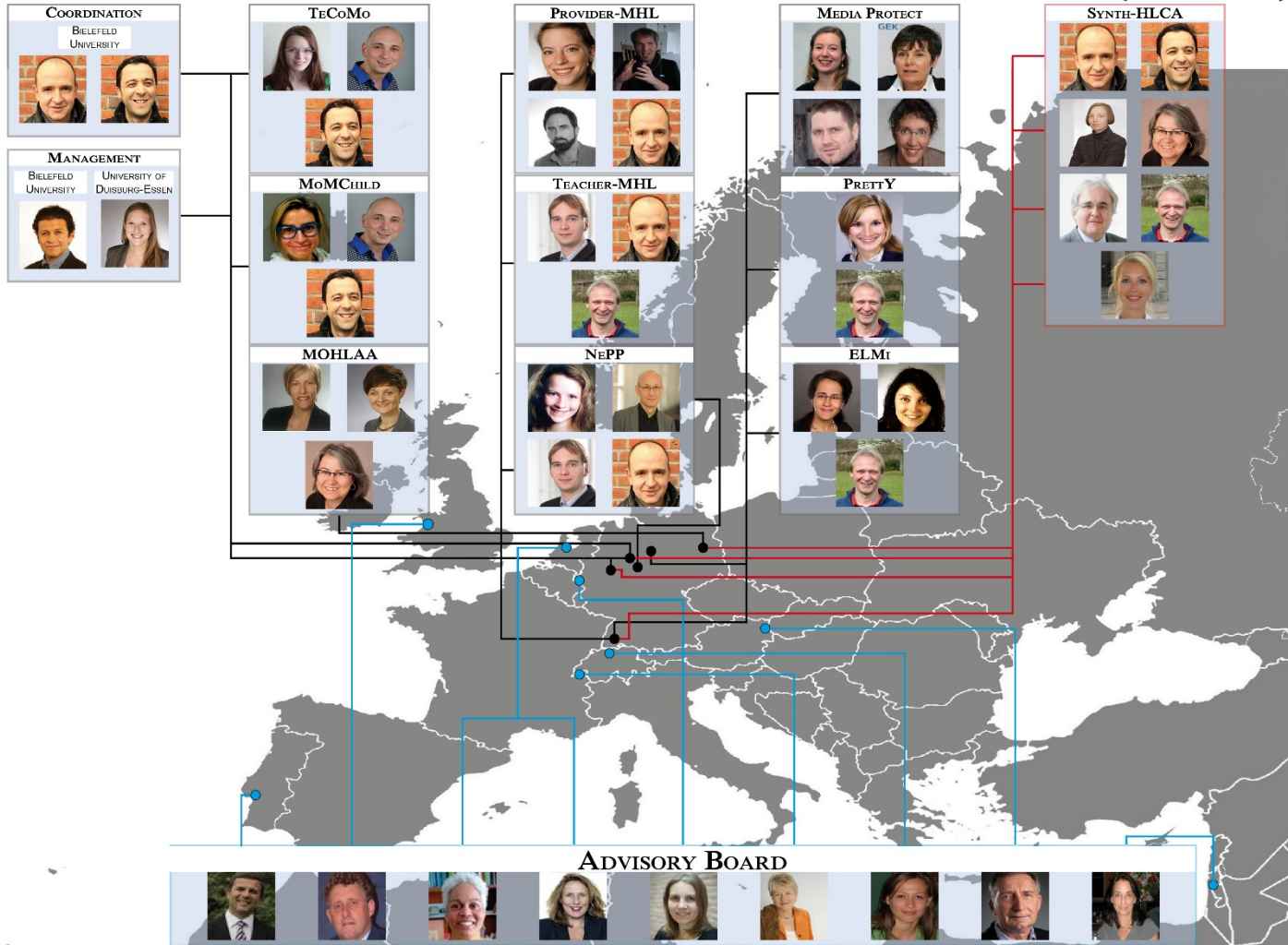
# Health Literacy in Childhood and Adolescence

## Theories, Concepts and Models (TeCoMo)

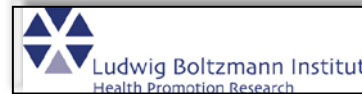


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# HEALTH LITERACY IN CHILDHOOD AND ADOLESCENCE (HLCA)



## A TARGET FOR HEALTH PROMOTION AND PRIMARY PREVENTION



FUNDED BY





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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

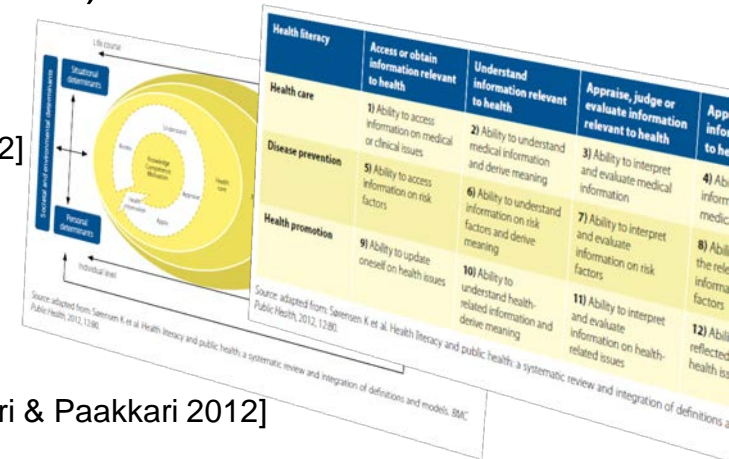
**Phase 3:** Integrate children and adolescents' perspectives into adult HL frameworks



# 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 ...

## *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]

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

- Intergenerational and power relations
- Children as
  - beings and not just becomings
  - embodied social agents and co-constructors of their social worlds
  - a social (minority) group
- Capabilities

[Mayall, 2015]

[Bühler-Niederberger et.al, 2015;  
Alanen et.al., 2015]

[Nussbaum, 2011,2003; Sen, 2001]



**Dependent**

**Autonomous**

### 3) Disease Epidemiology

*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
  - Highest DALY's for 10-14 year's old:  
Unipolar depressive disorders, Lower respiratory infections, Road traffic accidents
  - Acute vs. chronic diseases
  - NCD's vs. communicable diseases

[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

*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]

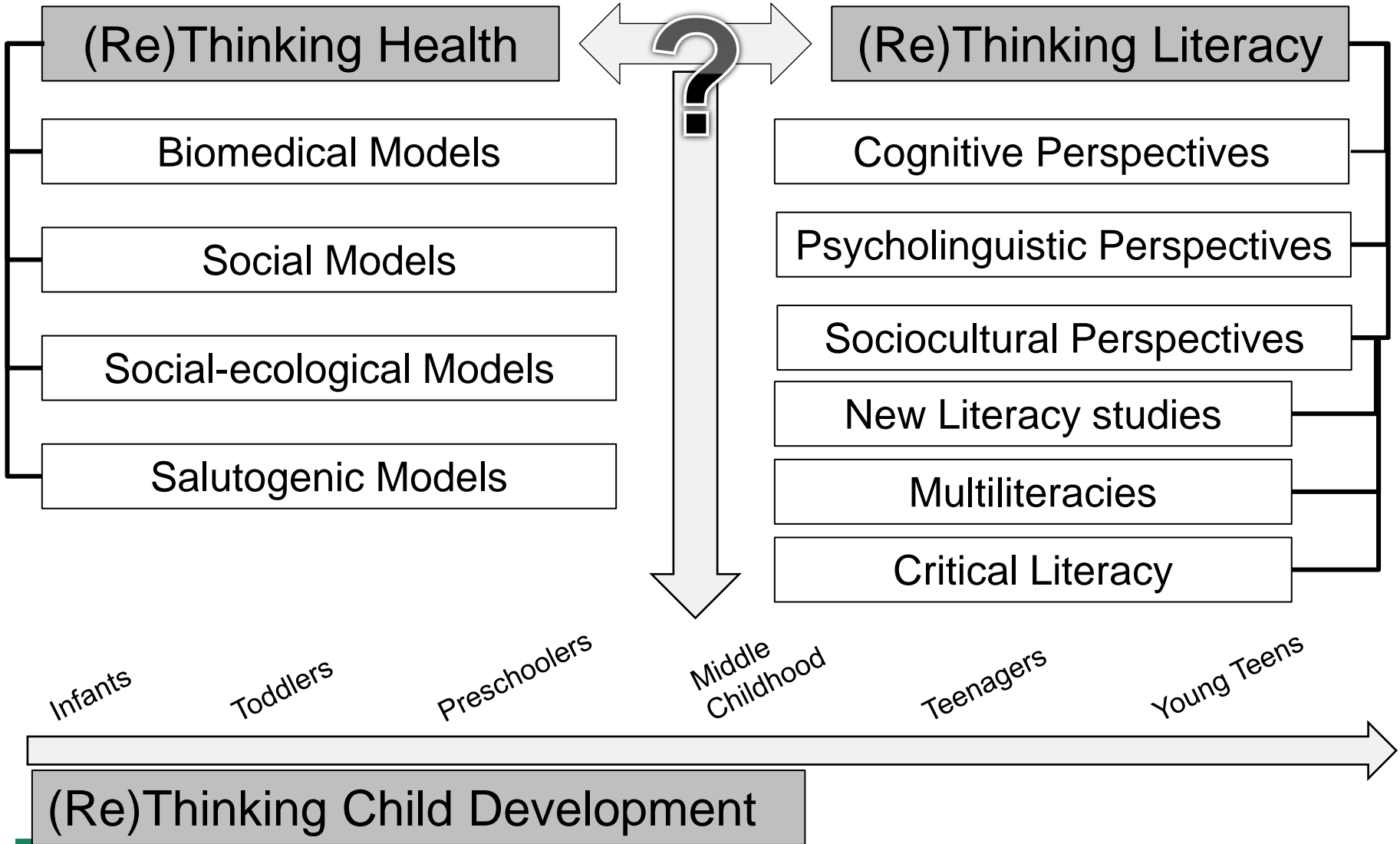
## 5) Democratic Citizenship

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

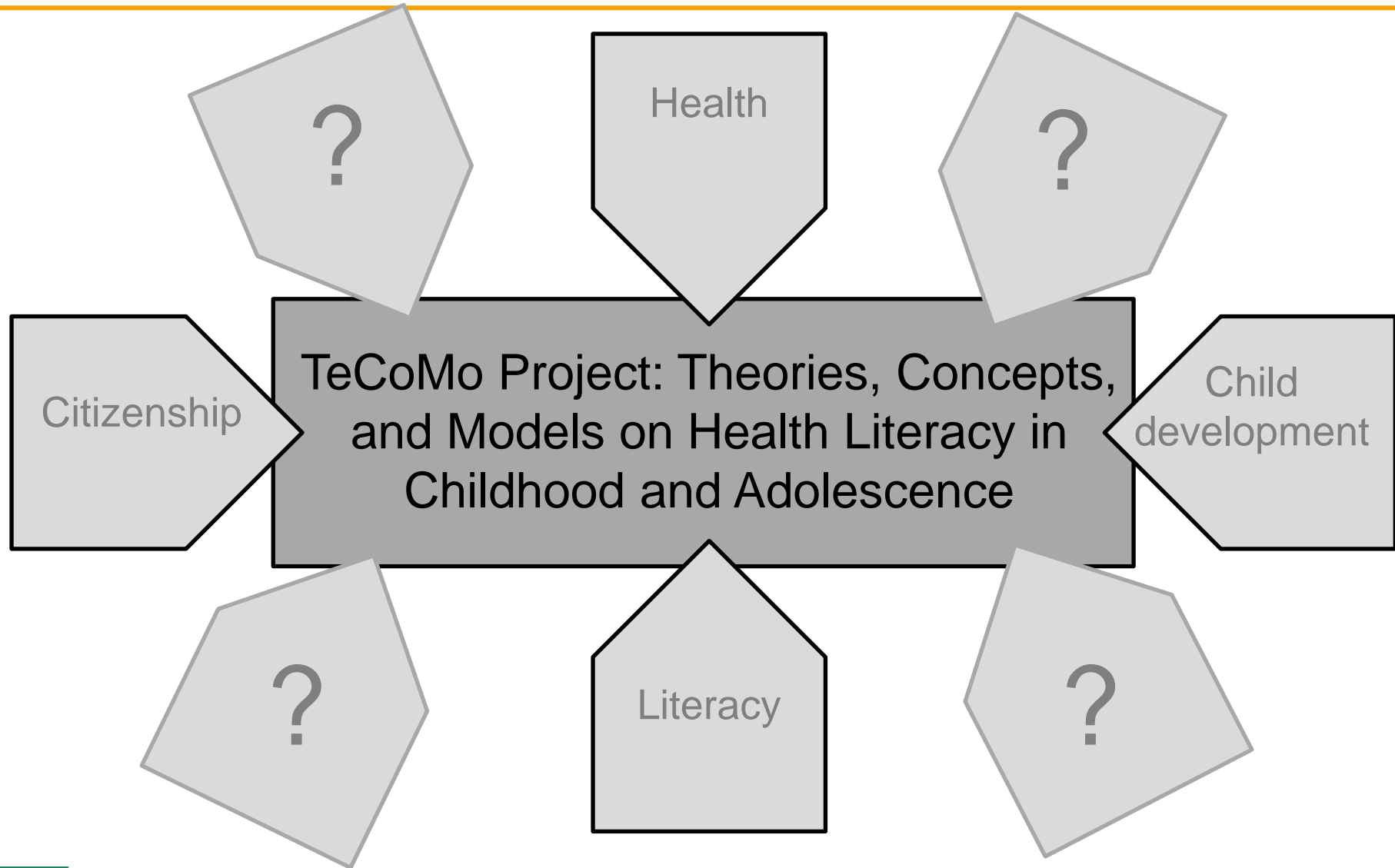
[Paakkari & Paakkari, 2012]

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





- Adding to the knowledge base of HLCA: bridging the **multidisciplinary** gap
  - HLCA is of cross-disciplinary 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
  - Apply health literacy to different life phases





# Thank you for your attention!

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