Health Literacy in Childhood and Adolescence

Theories, Concepts and Models (TeCoMo)

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<table>
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<th>Overall objective</th>
<th>Issues to be addressed</th>
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| To develop a comprehensive theoretical and conceptual framework on health literacy in childhood and adolescence | (1) Child development  
(2) Individual and contextual factors  
(3) HL of adults impacting on child health & wellbeing  
(4) Workable & applicable framework |

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

**Duration**
March 2015-February 2018
HLCA-TeCoMo: Scope

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?
Body of HL Findings

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]
2) Dependency

How and to what extend 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
  
[Nussbaum, 2011, 2003; Sen, 2001]

[Mayall, 2015]

[Bühler-Niederberger et.al, 2015; Alanen et.al., 2015]
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
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!
TeCoMo’s expected innovation

- 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
Challenge: Synthesizing Perspectives

TeCoMo Project: Theories, Concepts, and Models on Health Literacy in Childhood and Adolescence
Thank you for your attention!

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