THE “METHODS OF MEASURING HEALTH LITERACY OF CHILDREN” PROJECT (MOMCHILD): Preliminary results of a SYSTEMATIC LITERATURE REVIEW, and conclusions for CONCEPT CONSTRUCTION and questionnaire development

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Abstract (max. 2800 chars)

Introduction: Contextualising health literacy (HL) in childhood can be crucial for advancing its understanding but has fairly been neglected in the past. This is also reflected by the poor availability of validated assessment tools that predominantly target adult’s HL. The project MoMChild, therefore, aims at the development of a validated instrument to measure HL of children 9 and 10 years-of age. MoMChild uses a mixed methods approach: 1) systematic literature review, 2) review of HLS-EU-Q47 for use in children, 3) concept clarification and construction, 3) cognitive testing, 4) quantitative field test, 5) data analysis, modification and validation. Here, we report on the preliminary results of the systematic review that aimed at identifying HL tools for children/adolescents and the findings from the HLS-EU-Q47 review.

Methods: Five databases (Pubmed, ERIC, CINAHL, FIS, PsycNet) were searched from Mar-Aug 2015 for articles published in German, English or Portuguese between 1990 and Feb 2015. The search strategy was based on the key terms HL; children/adolescents, and measurement/assessment tools. The reporting process, quality assessment and data extraction was guided by the PRISMA statement, the CASP checklist and our own taxonomy. The analysis of the HLS-EU-Q47 was guided by referencing the tool to the 4D-model by Rothman et al. and to other theoretical models related to learning and socialisation.

Results: The literature review identified an increasing number of HL tools for children/adolescents since 2007 (N=33). 5 tools focused on the 9- and 10-year-olds. with 3 out of these 5 tools described a model or a definition on which the instrument was based. Common HL domains were knowledge (n=14), skills (n=15). Other attributes were self-efficacy (n=2), decision making (n=2), critical thinking (n=6), beliefs (n=2), communication (n=3). In total 23 studies reported on models or concepts that were underpinning the instrument. The review of the HLS-EU-Q showed very limited use for children, it does not cover children’s ecological worlds, their developmental stage, tasks and cognitive skill sets.

Conclusions: The available HL instrumentarium for children has demonstrated to be of limited use for the MoMChild project. We have therefore chosen to construct an own HL instrument that addresses mainly health promoting and primary preventive concepts and focuses on the domains knowledge, skills and dispositions. The concept clarification and item definition will be followed by a qualitative research that aims at testing the preliminary items and scales by use of cognitive interview methods with up to 25 children. The cognitive testing will be implemented with a three-step design (testing of method, testing of items and problem based pre-field test in a classroom).