

# SWOT Analysis of Health Literacy in India

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## Abstract

Health literacy (HL) is defined as the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about their health. SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is an effective way of finding out what improvements are needed to promote health literacy, leading to better health. This paper is SWOT analysis of health literacy in India. The paper highlights many key points. The need for improvement in health literacy is of utmost importance and it is possible by making health information accessible, easily understandable, and need-based in order to garner effective outcomes.

**Keywords:** Health Literacy, SWOT, India

## Introduction

Health literacy (HL) is a relatively new concept in health promotion and is still in its early phases of development. The term was coined in 1970s by Ratzan et al., calling for minimum health education standards for all school grade levels.<sup>1</sup> It was an extension of the general literacy skills pertaining to health of an individual and society in general. Over the period of time, many attempts have been made to define health literacy. In the latest definition given by WHO (2015), health literacy is the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.<sup>2</sup> Despite the efforts of multiple international agencies and government of India, the health indicators have not improved. The Surgeon General's Workshop on improving health literacy reported that there is a strong, independent association between health literacy and health outcomes.<sup>3</sup>

There are no comprehensive studies done on health literacy in India so far; we can assume on the basis of existing health indicators that the level of health literacy in India is less than desirable – not because of poor planning but mostly due to poor awareness, implementation, and barriers which are yet to be explored. SWOT stands for Strengths, Weaknesses, Opportunities, and Threats.

This study aims to do a SWOT analysis of health literacy in India to find out what improvements are needed to promote health literacy and thus better health.

## Materials and Methods

Considering the low volume of studies on health literacy in India, a detailed review of relevant literature using keywords – health literacy, SWOT, female literacy, and India was done using databases like PubMed Central, Medline, F1000, OviD, Scopus and Research Gate. Articles included were the ones that defined health literacy and any related studies done in India. These articles were then divided into those that defined and/or measured health literacy and those related to health promotion.

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A comprehensive search was done for all available portals for health promotion in India, starting with all government portals. Newspaper articles related to health education or health promotion were searched, which further led to snowballing of information about libraries and/or television programs promoting or related to health literacy. Furthermore, using the existing literature, a list was prepared for the factors affecting health literacy. Only those that related to health literacy directly were included. The results were reviewed and then reclassified into strengths, weaknesses, opportunities, and threats and are presented as follows.

## Swot Analysis

### Strengths

- Dedicated Central Health Education Bureau (CHEB): The CHEB is responsible for training of all the doctors, nurses and other paramedical staff and also creates and disseminates all the IEC material for various national health programmes.<sup>4</sup>
- HELP: Health Education Library for People. Started as an on-ground library in 1997 in Mumbai to educate the general population about their rights and responsibilities as a patient.<sup>5</sup>
- Online health education and promotion portals are aplenty and sufficient and provide free access to a lot of health-related information, like the official government websites which provide clear information regarding diseases
- Higher literacy rates, especially in urban and peri-urban areas of India.<sup>6</sup> This includes both general literacy and computer literacy in urban areas
- Health education by community-based workers like ASHA and various other field health workers, especially in rural areas
- Kalyani, a Doordarshan initiative started in 2002 as a need-based, communicative and interactive program focusing on educating the rural population regarding various communicable illnesses and associated health behaviors.<sup>7</sup>

### Weaknesses

- Cultural barriers: India is a culturally diverse land. Owing to this, what works for one part of the country may not work for another part
- Digital revolution in India. While this should be both a strength and an opportunity, it is a weakness as computer literacy rates in India are very poor, with a staggering room for improvement.
- Language barriers: This is especially important for rural populations and especially the elderly in these populations. These groups have a more difficult time identifying medications written in English and often need extra help with the same

- Lack of political commitment: India spends about 3.71% of GDP on education and 2.5% on health. There has been a significant reduction in these from the allocations from the year 2015, with education getting 3.8% while health getting 4.7% of the GDP.<sup>8</sup>
- Lack of policies and strategies to improve health literacy: There is no evidence to show that there are strategies aimed at improving health literacy by the government
- Lack of data to know the extent of the problem: There is no data available on health literacy rate even though there are several ways of measures available. Policies are based on the problem and that can be assessed by surveillance. That is the missing link
- Low computer literacy rates: Just like health literacy rate, there is a serious lack of data on computer literacy rate. Most of the computer and internet users live in urban areas, which also affords a better general literacy rate

### Opportunities

- Rising literacy rates: The literacy rate in India is 74.04% as per 2011 Census, and shows 9.2% decadal growth compared to 2001 Census,<sup>9</sup> showing that the level is rising slowly and steadily
- Creation of Health Literacy Unit: A focused unit with the sole purpose of improving health literacy can be considered a positive step in improving health literacy and thereby, reducing burden on the health system
- HMIS (Health Management Information System): Information regarding outbreaks and information of public health importance and prevention that has scientific basis should be easily available
- Smart phones and mobile applications: The applications can be used to deliver appropriate health information to users, which may lead to better health management and lower use of health services
- Involvement of NGOs: NGOs are not only providing services but are also actively involved in educating people about health problems. NGOs are therefore instrumental in improving health literacy
- Achieving MDGs: From a global perspective, improving health literacy is essential for making progress on the Millennium Development Goals (MDGs).<sup>10,11</sup>
- IEC and awareness programs: IEC and awareness is the backbone of health education. "Prevention is better than cure" is epitomised by IEC campaigns

### Threats

- Religious and social conflicts: Religious sentiments have to be taken into account before we start any health education campaign. These conflicts play a major role in vaccination campaigns as has been witnessed in the past

- Language barriers, especially in migrant population: There are 22 major languages spoken in India.<sup>12</sup> People migrate in lieu of better job opportunities but sometimes are unable to access health services due to language barriers. They are unable to explain their health problems and often misunderstand the health advice given to them. There are health problems that are endemic to certain geographic areas; the protective measures are often unknown to migrant population
- Lack of comprehensive sexuality education in India: One of the most important health problems in India is HIV/AIDS and its spread through the sexual route. Most often than not, people are unaware of safe sex practices. The young adults and adolescents will benefit most from this and it will also help curb the growing population

## Discussion

While the literacy rate continues to increase in India slowly, the increase in HL rate continues at snail's pace. Low HL is associated with increased use of emergency services for OPD services, lower rate of vaccination, especially for chronic illnesses, increased burden of sexually transmitted disease amongst the young, inability to interpret and follow through with prescribed medications and consequently higher morbidity and mortality rates. A study done in a dental OPD, in Karnataka, showed that 60.4% of 500 subjects had low health literacy while only 10.2% had desirable levels of health literacy. The study also showed that level of education did not affect literacy rate.<sup>13</sup> Another study reported low health literacy in 50% of the 200 patients in a tertiary healthcare center and those in age group less than 25 showed better health literacy.<sup>14</sup> In 2016 a study concluded that female literacy (general) was relatively more important for both population stabilization and better infant health.<sup>15</sup> We can conclude that increase in female health literacy rate may further improve overall health status of a family and health literacy is higher among the younger generation (less than 30 years of age). In the United States of America, the Department of Health and Human Services has implemented policies to make sure that health literacy becomes part of all health actions. While there is no Health Literacy Law in the USA yet, there is Patient Protection and Affordable Care Act 2010 which contains important provisions for providing health literacy. The Public Health Association of Canada along with Canadian Medical Association passed two resolutions, first regarding national strategy to improve health literacy and second, to improve health literacy among physicians. This led to a number of health literacy projects like Health Literacy Scan Project and Learning for Health Project to name a few. Currently, there are 33 such projects across the Canadian provinces, regions and territories, all addressing different settings and different sets of populations. Similarly, in Australia, there is Australian Safety and Quality Framework for Health Care

2010, of which health literacy is an important part. There are similar programs in a number of European countries as well.<sup>16</sup>

## Conclusion

The SWOT analysis shows a link between all aspects of HL. An increase in health literacy rate will not only improve an individual's health and that of his family but also that of the society in general. It cannot be stressed enough that there is a need for health policies and strategies that address the issue of health literacy. Through health education, health literacy can be used as a tool for empowerment for health of people by their own participation not just in interventions but also in research (surveys and questionnaires). Better policies can be, thus, drafted for further improvement in health services and by default, health status of all.

## Limitations

The more localized portals of information including smart phone apps could not be included in this article.

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