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Measuring the health literacy of the adult population (18-65 years old) covered by Tehran University of Medical Sciences and its related factors

Amini Najmolmolook[1]*, Olyaeemanesh Alireza[2], Ghaffari Mohtasham[3], Nikoseresht Zahra[4], Fard Farzaneh[5], Cabeti Farahnaz[6], Imani Zeynab[7], Rahimi Fatemeh[8]

1. PhD in Health Education & Promotion. Deputy of Health. Tehran University of Medical Sciences, Tehran, Iran.
2. Professor of Health Policy. Tehran University of Medical Sciences, Tehran, Iran.
3. Professor of Health Education & Health Promotion, Department of Public Heath, School of Public Health and Safety, Shahid Beheshti University of Medical Sciences, Tehran, Iran.
4,5,6, 7.. MS in Health Education. Deputy of Health. Tehran University of Medical
7. PhD candidate in Health Education. Tehran University of Medical Sciences, Tehran, Iran.
* Corresponding author: Amini Najmolmolook, najmehamini99@gmail.com

Introduction : Inadequate health literacy is associated with poorer personal health status, inappropriate use of medications and failure to follow doctor's orders, poorer blood sugar control and increased prevalence of individual reports of problems resulting from poor control, less health knowledge, less participation in treatment decisions, less expression of health concerns and worse communication with the physician. According to what was said, it is necessary to measure the level of health literacy in order to prevent the possibility of risks caused by limited health literacy. Therefore, this study was conducted at the population, covered by Tehran University of Medical Sciences.

Methods: This study was a cross sectional study in Tehran. The sampling was stratified-clustering. The sample size was calculated as 630. The size of each cluster was considered to be 20 households. The measurement tool in this study was the Health Literacy Questionnaire of Iranian Adults (HELIA), which was designed by Dr. Montazeri and colleagues (2014).

Results: In this study, 833 people participated(763 women and 70 men). The average age of the participants was 37.06±10.67. Among the participants, the overall health literacy rate was 67.72%, In the access dimension, health literacy was 72.79%. In the reading dimension, health literacy was 40.62%. In the understanding dimension, health literacy was 75.02%. In the evaluation dimension, , health literacy was 76.5%. In the dimension of decision and behavior, it was 73.18 percent. Health literacy with gender (Pvalue=0.019), age (Pvalue=0.008), education (Pvalue=<0.001), occupation (Pvalue=<0.001), citizenship (Pvalue=<0.001), urban or rural residence (Pvalue=0.002). , had a statistical relationship, but it did not show a statistical relationship with marriage (Pvalue= 0.256) and covered healthcare network (Pvalue= 0.764).

Health literacy, whether the participating family had a health ambassador or not (Pvalue=0.001)? And whether the participant himself was the health ambassador of his family or not (Pvalue=0.001)? It showed a statistical relationship. Also, health literacy showed statistics by receiving self-care guides (Pvalue<0.001) and how to receive self-care guides (Pvalue<0.001).

Health literacy also showed a statistical relationship with how the participant, obtains health-related information(Pvalue=0.006).

Conclusion: The level of health literacy in general (67.72) is sufficient. Also, apart from the dimension of reading (40/62), it is acceptable (above 66%) in other dimensions, i.e. access, understanding, evaluation and decision and behavior. Also, the level of health literacy has a significant relationship with having a health ambassador in the national self-care program.

Keyword: Health literacy, family health ambassador, self-care

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