



Health literacy and preventive behaviors

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Letter to Editor

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Dear Chief in Editor

Health literacy (HL) is defined as the capacity of a person to acquire, interpret, and understand basic information and health services that is necessary for proper decision making. Some researchers believe that HL is a stronger predictor of health as compared to variables such as age, sex, income, employment status, education level, and race [1]. HL can be an effective factor in increasing health behaviors such as adoption of preventive behaviors [2]. Studies on the relationship between HL and the adoption of preventive behaviors report controversial results. While the results of a study indicate that there is no significant relationship between HL and mammography [3], other studies in this regard have concluded that a low level of HL are related to the adoption of less preventive behaviors such as screening tests [4], performing less Pap smear and breast self-examination [2], less involvement in mammography, doing less physical activity and smoking [5], and performing less screening of prostate and colorectal cancers [3].

The findings of the above studies indicate the potential effect of HL on adoption of preventive behaviors. The probable reasons for this effect can be said that HL, like knowledge, is a cognitive variable and even somehow complements it. On the other hand, HL has a significant relationship with knowledge and attitude [1]. Also, HL plays an important role in promoting individuals' personal responsibility for maintaining their health and improving the attitude of people towards health [1], and this effect sometimes occurs in the aspect of obtaining and acquiring medical and health information, sometimes in terms of their understanding, sometimes in the dimension of their processing and interpretation, and sometimes in the dimension of decision

making and application of this information, and in this way, it can affect on adoption of preventive behaviors. In other words, HL can be one of the most important factors in the adoption of these behaviors by improving the understanding, perception and evaluation of the benefits of diagnostic and preventive behaviors [2].

In this case, it can be added that although studies have identified the relationship between HL and adoption of preventive behaviors, but proof

of such a link is unlikely for lower levels of HL skills, and then planning and designing communication interventions to improve these skills can lead to the establishment and repair of the relationship between them with adoption of health behaviors.

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