



The need to pay attention to differences in health literacy and knowledge in health education interventions

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Journal of Research & Health
Social Development & Health Promotion
Research Center
Vol. 9, No.2, Mar & Apr 2019
Pages: 95- 96
DOI: 10.29252/jrh.9.2.95
Letter to Editor

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Received: 11 Sep 2018
Accepted: 22 Dec 2018

How to cite this article: Panahi R, Aghaeian N, Pishvaei M, Niknami Sh. The need to pay attention to differences in health literacy and knowledge in health education interventions. *J Research & Health* 2019; 9(2): 95- 96.

Dear Chief in Editor

The Health Literacy (HL) is an individual and social capacity for access, understanding, evaluation of information and health services, and optimal utilization of it for health promotion [1]. Today, HL has been recognized as an important and vital indicator of the results and costs of health care the need for the effective health care system, has a good level of health literacy [2]. According to studies by the United States Health Care Strategies, people with low levels of HL are less likely to understand the written and spoken information provided by health professionals and act according to instructions, and therefore they have a poorer health status, hospitalization rates and referrals to the doctor are higher, they act poorly in self-care skills, have less preventive care, and thus incur more medical expenses [1].

There is a relationship between HL and knowledge [2]. HL, as well as knowledge, is a cognitive variable and low HL is a specific conceptual interpretation of poor knowledge [2]. Also, HL plays a role in completing the knowledge of individuals [3]. In health education and health promotion, knowledge has been used as an important variable in many interventions. The lack of adequate knowledge in individuals can be just one of the main reasons for not having a health behavior; in other words, increasing knowledge is a necessary but inadequate step for changing health behavior. Also, in various studies, knowledge has become an important factor in predicting behaviors [4]. Given the relationship between HL and knowledge and their

kindness [2], it can be said that educational interventions aimed at increasing the HL can also improve individual knowledge. In justifying this, HL is a collection of skills, abilities and capacities in a variety of dimensions. These skills and capacities sometimes come about in terms of obtaining and acquiring medical and health information, sometimes in reading them, sometimes in terms of their understanding and perception, sometimes in terms of their processing and interpretation, and sometimes

in the dimension of decision making and use this information [5], and in this way it can affect knowledge.

However, there are differences between HL and knowledge. HL is not a collection of knowledge, but a set of capabilities that are of skill, but knowledge is the result of searching and receiving, and there is no evaluation there. Therefore, both HL and knowledge can be upgraded, but HL promotion is more difficult to Promote knowledge. Of course, there is a

connection between knowledge as an essential part of academic literacy and HL. Therefore, it is imperative that health educators pay special attention to these common points and aspects of differentiation in their interventions.

According to the above, it can be stated that HL helps people to improve their knowledge; it's easier to get, process, and understand health information. It also enables them to make informed decisions. Therefore, it seems that before designing any educational program and in the need assessment, it is better instead of knowledge, to evaluate the HL of the target community with one of the available tools, to develop educational content, choose the method of teaching and to implement the training process be done with depending on the level of HL skills of individuals.

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