



Health literacy and smoking

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Letter to Editor

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Dear Chief in Editor

Although both population-based and clinical interventions have been successful in lowering rates of smoking in the USA over time, the prevalence of smoking remains considerably higher than the Healthy People 2020 objective of 12% [1]. The latest national study conducted in Iran showed that 25% of the population aged 18- 65 years were smokers and age, education, gender, occupation, and marital status variables had a significant relationship with smoking [2].

So far, limited studies have been conducted on the relationship between smoking status and health literacy (HL). These studies report contradictory results. While a study reported that there is no significant relationship between lower HL and smoking, other studies in this issue have concluded that low HL can be acted as an independent risk factor for smoking, back smoking, and weaker results of smoking cessation. In the latest study, the chance of smoking in the subjects with relatively sufficient, sufficient, and excellent HL levels was, respectively, 0.33-fold, 0.45-fold, and 1.12-fold higher than in the subjects with insufficient HL; meaning that less HL levels are accompanied by a higher chance of smoking [3]. The results of the Sramova study showed that there was a significant difference between smoker and non-smoker students in terms of perceptions of anti-smoking social adverts that was due to differences in HL among smoker and non-smoker students [4].

Regarding HL skills, several studies have identified an inverse relationship between reading skills and smoking, but other HL skills such as speaking, listening, and numeracy have been less studied. However, reading skill is just one component of HL. Identifying which skill(s) are most strongly associated

with smoking-related decisions may help stakeholders develop and deliver messaging that is clear, informative, and actionable despite our dependence on the oral exchange to communicate options for smoking cessation and the use of numbers to deliver information on the risks of smoking [1].

Martin et al. concluded that for every grade equivalent increase in reading skills, the odds of quitting smoking increased by about 8% and

for every point increase in numeracy skills, the odds of quitting increased by about 24%. Their study also showed that the ability to understand and use information related to the risks of smoking might affect one's decision to quit [1]. The findings of the above studies indicate the potential effect of HL or some of its skills on smoking.

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. In a nationwide survey that was conducted extensively in Iran in 2015, the prevalence of limited HL was estimated at 44%; nearly one out of two Iranian people had limited HL, and years of study, age and gender had the greatest effect on HL. 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 [5]. HL also plays an important role in enhancing the personal responsibility of individuals in maintaining their health, improving their attitude towards health, and increasing their perceptions of anti-smoking messages [4].

Given all the above, it can be concluded that low HL is a certain conceptual interpretation of insufficient knowledge about the health risks and effects of smoking, and due to having a significant relationship with low knowledge and inappropriate attitude towards the dangers of smoking [3], it can be effective in this regard.

Nevertheless, more studies are needed to determine the relationship between HL and the outcomes of smoking prevention and cessation programs, as well as the mechanism of this potential effect. Some studies have helped shape and improve smoking prevention and cessation interventions in individuals, and would eventually reduce the disparities reported in these studies.

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