

Chapter 9

How Do Adolescents Obtain Health Information: A Phenomenographic Study of Adolescent Health Literacy in Health Education

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ABSTRACT

Adolescent health literacy is a promising innovation in health education. This article reports the findings of research in the experience of adolescents in the methods they used in obtaining health information. A phenomenographic research approach was used to understand how adolescents conceptualized health information obtaining. The study examined data provided by 24 adolescents aged 13 to 16 living in Latvia. The data was collected through qualitative interviews. Phenomenographic data analysis uncovered five categories of description by adolescents in the way they perceived health information obtaining: 1. An opportunity to find out “things” regarding health; 2. The use of different sources of information to obtain health information; 3. The use of multimodal texts to obtain health information; 4. A passive method of obtaining information; and 5. An active method of obtaining information. It is important to integrate the experience of adolescents into health education research to develop a deeper understanding of the pedagogical phenomenon and to enhance health education programmes.

INTRODUCTION

One of the methods of promoting health literacy is to make health information available (Brey, Clark, & Wantz, 2007). Adolescents need an accessible, relevant and reliable health information to make sound health decisions and informed choices regarding health (Borzekowski, 2009; Esmaeilzadeh, Ashrafi-Rizi, Shahrzadi, & Mostafavi, 2018). Adolescents seem to have specific health information needs as well as

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a positive attitude toward multimodal and innovative methods to obtain health information (Skopelja, Whipple, & Richwine, 2008). Many adolescents in the 21st century can rely on new information and communication technologies for interpersonal communication and accessing health information (Skinner, Biscope, Poland, & Goldberg, 2003; Hausmann, Touloumtzis, White, Colbert, & Gooding, 2017; Park & Kwon, 2018). Gaining adequate health literacy provides greater opportunities for adolescents to become critical consumers of health information. Adolescents can achieve this through educating and empowering them to search for related information (Skopelja et al., 2008). They are a target group for many health education interventions (Manganello, 2008; Peralta & Rowling, 2018).

Advances in new digital platforms, innovative applications and the convergence of information and communication technologies have increased the amount of information and have transformed patterns of obtaining health information. Technologies have changed the relationship between individuals and the exchange of health information. The increased use of the Internet has promoted the availability of information and has changed the landscape of health information (Jacobs, Amuta, Jeon, & Alvares, 2017). New technologies are challenging traditional health education. Technical solutions and digital learning tools now offer various teaching/learning opportunities for health education of the 21st century (Foss & Haraldseid, 2014), including the development of health literacy. Innovative educational interventions and resources are now needed to improve health literacy (Fonseca & Carvalho, 2015).

Multiple definitions of health literacy are available in scientific literature (Pleasant, 2011), ranging from the so called narrow definitions which define health literacy as the ability to apply literacy skills to health-related materials such as prescriptions, appointment cards, labels of medicine and directions for home care (Parker, Baker, Williams, & Nurss, 1995) to very general definitions of health literacy; for example, health literacy can be resource which enables people to implement healthy behaviour (Abel, 2008). However, the central focus of the definition of health literacy is generally similar – it is understood to be the capacity to access, obtain, process, understand, evaluate and use health information (Coleman et al., 2011) to enable people to make sound health decisions (Sorensen & Pleasant, 2017).

Today we live in a health society (Kickbusch, 2007), one which is scientifically grounded and technology-driven (Fonseca & Carvalho, 2015). A demanding society such as this requires the type of health literacy to ensure that people can obtain, understand and use health-related information and that they are informed consumers of health information (Fonseca & Carvalho, 2015).

Adolescent health literacy relates to health literacy in general. It can be defined narrowly as “an ability to access, understand, evaluate and communicate health information” (Begoray, Wharf-Higgins, & MacDonald, 2009, p. 36) or more broadly as “the competence to take action to improve personal and community health by changing personal lifestyles and living conditions” (Nutbeam, 1998, p. 357; Paakkari, Kokko, Villberg, Paakkari, & Tynjala, 2017, p. 854). It is characterized by a specific context – an adolescence age group, and content – their health literacy needs (Nutbeam, 2015). It is believed to be true that adolescents have specific health needs which differ from the health needs of both children and adults, because “adolescents are not simply old children or young adults” (World Health Organization, 2017, p. 5).

Adolescence is generally accepted to be a stage when different health-related habits are developed and which are likely to continue into adulthood (Fleary, Joseph, & Pappagianopoulos, 2018). However, it is also thought that this can be a critical period when health-risk behaviours may be initiated, for example smoking, substance abuse, alcohol consumption, physical inactivity, high-risk sexual behaviour, injury and violence-related behaviour, etc. Some of the behavioural patterns established during adolescence can influence the state of health of an adolescent in later life as well as the potential for developing

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