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## Original Research

# Socio-economic correlates of functional health literacy among patients of primary health care in Kosovo

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## ABSTRACT

**Objectives:** Functional health literacy (FHL) has been related to individual characteristics, ill-health and disease knowledge. However, the information about FHL in Kosovo is very limited and thus the aim of this study was to assess the demographic and socio-economic correlates of FHL among users of primary health care in Kosovo, a postconflict country in the Western Balkans.

**Study design:** Cross-sectional study.

**Methods:** A cross-sectional study was conducted in Kosovo between November 2012–February 2013, including a representative sample of 1035 consecutive primary care users aged  $\geq 18$  years (60% females; overall mean age:  $44.3 \pm 16.9$  years; overall response rate: 86%). Test of Functional Health Literacy in Adults (TOFHLA) was used to assess FHL. General linear model and logistic regression were used to assess the association of TOFHLA score with demographic and socio-economic characteristics.

**Results:** Overall, four out of five participants exhibited inadequate or marginal FHL in this Kosovo sample. FHL score was independently and inversely related to age, but positively associated with educational attainment and being in a situation other than unemployed.

**Conclusions:** Limited or marginal FHL was very common among primary care users in Kosovo and considerably higher than in the neighbouring Serbia. The low health literacy levels in Kosovo may provide an additional barrier towards achievement of health care goals. There is a need to design and implement suitable and effective educational and health system interventions in the Kosovo context.

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## Introduction

In general, health literacy entails the capacity to obtain, process and understand basic health information needed to make appropriate health decisions.<sup>1</sup> Functional health literacy (FHL), in turn, is often deemed as one of the practical aspects of health literacy.<sup>2</sup> It refers to basic reading, writing and computational skills which determine the ability of an individual to function effectively in health care settings.<sup>3</sup>

A variety of instruments have been employed for measuring health literacy, in particular FHL. Such tools include the Rapid Estimate of Adult Literacy in Medicine (REALM),<sup>4</sup> the Test of Functional Health Literacy in Adults (TOFHLA)<sup>5</sup> and the Newest Vital Sign (NVS).<sup>6</sup>

Nevertheless, TOFHLA is probably the most frequently used instrument for measuring FHL. First described by Parker and colleagues,<sup>5</sup> this test tries to quantify comprehension and numeracy skills required to accomplish various health tasks, usually in health care settings.<sup>5,7–9</sup>

FHL has been shown to be linked with demographic and socio-economic characteristics of individuals.<sup>10–13</sup> Studies have reported significant associations of FHL with age,<sup>10–12</sup> education,<sup>10–13</sup> occupation<sup>10</sup> and income.<sup>11,13</sup> Conversely, limited or marginal FHL has been linked with worse or less favourable health outcomes or disease knowledge.<sup>14</sup>

To date, FHL has not been sufficiently addressed in Western Balkan countries notwithstanding few reports from Serbia.<sup>9,12</sup> Regarding the Albanian speaking countries, TOFHLA has been validated in a representative sample of 54 primary health care users in Pristina, the capital of Kosovo.<sup>15</sup> However, information about the FHL levels and its correlation with demographic and socio-economic factors in Kosovo remains scant. Kosovo, the newest country in Europe, is currently undergoing a difficult period of political and socio-economic transition which is associated with negative health effects.<sup>16,17</sup> In this context, the aim of this study was to assess the demographic and socio-economic determinants of FHL among adult primary health care users in postwar Kosovo.

## Methods

A cross-sectional study was conducted in three regions of Kosovo (Pristine – the capital, Gjakove and Prizren) during November 2012–February 2013.

Kosovo comprises 37 municipalities and has a total population of 1,739,825 inhabitants.<sup>18</sup> The three randomly selected municipalities of the current survey represent about 27% of the overall population of Kosovo. Each municipality in Kosovo has a primary health care centre referred to as *Principal Family Medicine Centre (PFMC)*.<sup>19</sup> This study included the PFMCs of the three selected municipalities (Pristine, Gjakove and Prizren).

Overall, there were invited 1200 consecutive primary health care users (both sexes, aged  $\geq 18$  years) from the three selected regions of Kosovo to participate in this survey, based on sample size calculations related to different conservative assumptions about the association of demographic and socio-economic characteristics with functional health literacy.<sup>20</sup> Of

the 1200 targeted individuals, 1035 agreed to participate in the study and were able to read and comprehend the information provided. On the other hand, 73 individuals were excluded because they were either too sick or unable to read and/or comprehend the information provided, whereas a further 92 individuals refused to participate. Hence, the overall response rate was:  $1035/1200 = 86.3\%$ .

The long version of TOFHLA instrument, translated into the Albanian language, was used to assess FHL of primary health care users in Kosovo. The process of cross-cultural adaptation of TOFHLA instrument in the Kosovo setting has been described elsewhere.<sup>15</sup> Basically, the original English version of the TOFHLA instrument was translated into the Albanian language by experts following the standard methods of translation and cross-cultural adaptation of the questionnaires.<sup>15</sup> Next, the questionnaire was administered to a sample of 54 primary care users in PFMC of Pristine. The Albanian version of TOFHLA showed good internal consistency (overall Cronbach's alpha = 0.93).<sup>15</sup> In this current survey, the overall internal consistency of the TOFHLA instrument was: Cronbach's alpha = 0.88.

The score of the long version of TOFHLA ranges from 0 to 100, with higher scores implying more adequate FHL. In addition, TOFHLA scores were categorized into marginal (score 0–59), inadequate (60–74) and adequate (score 75–100) FHL.

Data about demographic and socio-economic characteristics of study participants included age, sex, marital status, educational attainment, employment status, and self-perceived income level [measured on a scale ranging from one (very poor) to five (very good), which in the analysis was trichotomized into: poor, average, good].

The study was approved by the Ethical Board of the Ministry of Health of Kosovo. All individuals who agreed to participate in the survey signed an informed consent form prior to the interview.

General Linear Model (GLM) was used to assess the association of TOFHLA score with demographic and socio-economic characteristics of study participants. Initially, age- and-sex adjusted mean values of TOFHLA score and their respective 95% confidence intervals (95% CIs) were calculated. Subsequently, multivariable-adjusted mean values of TOFHLA score and their respective 95% CIs were calculated.

Binary logistic regression was used to assess the association of TOFHLA (dichotomized into: adequate score vs inadequate and marginal score) with demographic and socio-economic characteristics. Firstly, age- and-sex adjusted odds ratios (ORs) of TOFHLA score and their respective 95% CIs were calculated. Next, multivariable-adjusted ORs of TOFHLA score and their respective 95% CIs were calculated.

Statistical Package for Social Sciences (SPSS), version 17.0, was used for the statistical analysis.

## Results

Mean age of study participants (60% women) was  $44.3 \pm 17.0$  years (range: 18–92 years) (data not shown). About 69% of individuals were currently married; 31% had a low educational level; 43% were unemployed, and; 14% reported a poor income level (Table 1).

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