

Health Literacy and Health-Promoting Behaviors among Multiethnic Groups of Women in Taiwan

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ABSTRACT

Objective: To understand the current status of health literacy and the relationship between health literacy and health-promoting behaviors among multiethnic groups of women in Taiwan.

Design: Convenience and snowball sampling methods were used to recruit study participants. Data were collected using a cross-sectional questionnaire survey.

Setting: We recruited community female adults who lived in greater Taipei or Taoyuan areas (northern Taiwan) from January 1, 2010 through June 30, 2011.

Participants: A total of 378 female participants were contacted, of which 351 consented to participate and 347 completed valid questionnaires for analysis.

Methods: Health literacy was measured with the Taiwan Health Literacy Scale, and health-promoting behaviors were measured by the Chinese version of the Health-Promoting Lifestyle Profile.

Results: Participants had a moderate level of health literacy, and one third of them had inadequate health literacy. Participants with inadequate health literacy were more likely to be younger, not a high school graduate, and Vietnamese; to have a low monthly family income and no diagnosed diseases; to use a second language; and to regard TV/radio as the most useful source of health information. Health literacy alone could significantly predict health-promoting behaviors among the participants.

Conclusions: Our findings confirmed that low health literacy is prevalent among underprivileged women in Taiwan. Health-related programs that are literacy sensitive and culturally appropriate are needed to teach and encourage health-promoting behaviors.

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AWHONN

Low health literacy is a major health-related concern throughout the world. The global prevalence of low health literacy is substantial. For example, 59% of Australian adults (Australian Bureau of Statistics, 2006), 60% of Canadian adults (Murray, Rudd, Kirsch, Yamamoto, & Grenier, 2007), 35% of American adults (Kutner, Greenberg, & Paulsen, 2006), and 15.5% of Japanese adults (Tokuda, Doba, Butler, & Paasche-Orlow, 2009) are not health literate. In Taiwan, nearly 30% of adults are health illiterate, based on a national survey conducted in 2008 (S. Lee, Tsai, Tsai, & Kuo, 2010). Low health literacy has been found to be related to increased rates of hospitalization, use of emergency services, difficulty in taking medications and understanding labels/health messages, poorer general health status, all-cause death rates of elderly people, and decreased use

of mammography screenings and influenza vaccinations (Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011). Mothers with low health literacy have been associated with increased rates of infant mortality (Macinko, Guanais, & de Souza, 2006) and poor health behaviors in their young children, such as nighttime bottle use and no daily teeth cleaning (Vann, Lee, Baker, & Divaris, 2010). In contrast, researchers have found that women with higher health literacy tend to have better oral health status (J. Y. Lee, Divaris, Baker, Rozier, & Vann, 2012) and more accurately perceive recurrent breast cancer risk (Brewer et al., 2009). They also engage more often in preventive health behaviors, such as having a mammography (Bennett, Chen, Soroui, & White, 2009), checking food expiration dates, and monitoring physical changes (S. Lee, Tsai, Tsai, & Kuo, 2011). Although

One third of Taiwan's multiethnic women are inadequate in health literacy. Immigrant women from Vietnam had the lowest health literacy scores.

a consensus has not been reached regarding the relationship between health literacy and gender differences, women's health literacy is especially important because it affects not only a woman's personal health, but also the health of her family in her role as the primary caregiver.

Numerous demographic factors are related to low health literacy. For instance, old age (Kutner et al., 2006; Osborn, Paasche-Orlow, Baily, & Wolf, 2011), low education attainment (Howard, Sentell, & Gazmararian, 2006; Kim, 2009; Osborn et al., 2011), low-income status (Kim; von Wagner, Knight, Steptoe, & Wardle, 2007), ethnic minority (Bennett, Chen, Soroui, & White, 2009; Chang, 2010; Howard et al., 2006), the language that is spoken is other than mother language (Todd, Harvey, Hoffman-Goetz, 2011; Zanchetta & Poureslami, 2006), and the presence of chronic illness (Kim, 2009) have been found to be related to low levels of health literacy. Although numerous studies have investigated the related factors of health literacy, few of these studies have targeted multiethnic women, especially multiethnic women in Taiwan.

Taiwan is a state in East Asia. From a Western perspective, people in Taiwan share the same physical characteristics and are often categorized as Asian; however, in reality, they are quite different culturally. Although not officially recognized, it is generally accepted that except for new immigrants from other countries, four major ethnic groups exist in Taiwan: Hokkien (67.5%), Hakka (18.1%), Waishengren (7.1%), and indigenous peoples (2%) (Hakka Affairs Council, 2011). Indigenous peoples, or Austronesians, first inhabited Taiwan 12,000 to 15,000 years ago and, in the 17th century, were joined by large numbers of Han peoples, mostly Hokkien and Hakka, who migrated to Taiwan from the southeastern provinces of the Chinese mainland (Government Information Office, 2012; Tsai & Chiu, 1993). In 1949, 1.5 million people from mainland China fled to Taiwan due to civil war and were called *Waishengren* by early Hokkien and Hakka immigrants (Government Information Office, 2012; Tsai & Chiu, 1993). In addition to these four major groups, new immigrants have formed a fifth ethnic group in Taiwan (Sandel & Liang, 2010). The population of the

fifth group (3.2%) has increased rapidly and outnumbers the indigenous peoples. The majority of new immigrants came to Taiwan through international marriage, and most of them are female. The largest group of new immigrants via marriage is from mainland China (64.22%), followed by immigrants from Vietnam (18.9%), Indonesia (6.06%), and other countries (National Immigration Agency, 2012).

Multiethnic groups are substantial not only in Taiwan but also in the United States. The ethnic population of the United States consists of non-Hispanic Whites, African Americans, Native Americans, and Asian Americans. According to the 2010 census, Asian Americans are the fastest-growing population and increased from 10.2 million in 2000 to 14.7 million in 2010 (U.S. Department of Commerce, 2011). Cultural and language differences may create barriers for ethnic minority women such as Asians, especially due to their levels of health literacy to "obtain, process, and understand basic health information and services" (U.S. Department of Health and Human Services, 2000, pp. 11–20) and in their abilities to engage in health-promoting behaviors (Shaw, Huebner, Armin, Orzech, & Vivian, 2008; Zanchetta & Poureslami, 2006). Although some scholars have acknowledged the importance of culture in health literacy among indigenous peoples (Smylie, Williams, & Cooper, 2006) and immigrants (Zanchetta & Poureslami, 2006), the status of health literacy and health-promoting behaviors among multiethnic groups of women has not been widely discussed in either Taiwan or other countries. The International Council of Nurses (ICN; 2009) emphasizes that health care providers have to understand the status of a client's health literacy and the influence of health literacy on health behaviors. With thorough understanding of the crucial impact of health literacy on health status and health behaviors, the goal of improvement of the level of health literacy and promotion of health behaviors could be achieved ultimately. Therefore, it is critical to explore the status of health literacy and the relationship between health literacy and health-promoting behaviors.

The aim of this study was to investigate not only the present status of health literacy, but also the relationship between health literacy and health-promoting behaviors among multiethnic women in Taiwan. For the purpose of this study, we investigated three research questions: How prevalent is low health literacy among multiethnic women in Taiwan? What demographic characteristics are

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