

# Research in Brief



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## Health Literacy in Korean Adults and Its Policy Implications

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### Introduction

Floods of health information pour out to meet the public's ever-growing interests in health. But this is where quantitative growth does not imply qualitative growth. Many people seek health information—be it on health promotion, disease prevention or treatment—from media outlets, the internet and medical professionals and from other people around them. As a result, concerns have persistently been raised as to the reliability of the information people obtain from media outlets and internet platforms. There is another problem that for all the inundating information, some socially-vulnerable groups still lack digital access, and thus suffer low access to health information.<sup>1)</sup>

The importance of health literacy is more pronounced now as, after the covid-19 pandemic, with floods of health information comes an increasing amount of health misinformation. Health literacy is defined by Nutbeam as the “personal, cognitive and social skills which determine the ability of individuals to gain access to, understand, and use information to promote and maintain good health.”<sup>2)</sup>

1) Renahy, E., Parizot, I., & Chauvin, P. (2008). Health information seeking on the Internet: a double divide? Results from a representative survey in the Paris metropolitan area, France, 2005–2006. *BMC Public Health*, 8(1), 69.

2) Nutbeam, D. (1998). Health promotion glossary. *Health Promotion International*, 13, 349e64.

For Sørensen et al., health literacy is a complex set of “individual skills to obtain, process and understand health information and services necessary to make appropriate health decisions.”<sup>3)</sup> Also, health literacy “promotes individual, family and community health-seeking behaviors, empowers individual citizens to demand rights and quality services, and enables engagement in collective health promotion action.”<sup>4)</sup> A couple of studies conducted in the recent past have found that health literacy has to do with a wide range of health areas including healthy living behaviors, disease prevalence, chronic disease management, health service use and mortality.<sup>5)</sup>

Promoting health literacy is a core strategy for promoting national health and reducing health disparities, and pursued by many countries around the world, along with the World Health Organization, as a key agenda item. A health literacy gap may lead to health disparities and, in turn, to health inequalities tilted against the elderly, low-income groups and people with low education levels, who in many cases have low health literacy. Via its Shanghai Declaration in 2016, the WHO has prioritized health literacy as a core strategy for health promotion and called on governments around the world to place policy attention on the health literacy of socioeconomically-vulnerable groups.

Some major countries have sought on many fronts to promote people’s health literacy, seeing low health literacy as hampering health policy implementation and health promotion. However, it is only recently that health literacy has become a subject of policy attention in Korea with the implementation of the National Health Plan 2030, which takes as one of its goals “raising people’s understanding of health information.

This study presents some of the findings of a 2020 survey of health literacy conducted by the Korea Institute for Health and Social Affairs, and examines Koreans’ health literacy and factors associated with it. The subjects, 1,002 adults (aged 19~69) quota-sampled according to sex, age and the population size of localities, were surveyed online with a structured questionnaire. The items surveyed include the respondents’ health literacy, health level, health-seeking behavior, health information searching experiences, and sociodemographic characteristics. The questionnaire used is HLS-EU-Q16. The measures of “health level and health-seeking behavior” concern the respondents’ prevalence of chronic illness, subjective health status, medical check-up status, unmet health care needs, smoking prevalence, drinking patterns, practice of physical activity, healthy eating practice, and checking of nutrition facts. “Health information search experiences” are about the respondents’ frequency of health information seeking, experienced difficulty in seeking health information, sources of health information (in order of frequency of use), and satisfaction with the information obtained from the sources.

3) Sørensen, K., van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*, 12(1), 80.

4) World Health Organization. (2017). Promoting health: Guide to national implementation of the Shanghai Declaration.

5) Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: an updated systematic review. *Annals of Internal Medicine*, 155(2), 97–107; Zhang, N. J., Terry, A., & McHorney, C. A. (2014). Impact of health literacy on medication adherence: a systematic review and meta-analysis. *Annals of Pharmacotherapy*, 48(6), 741–751.

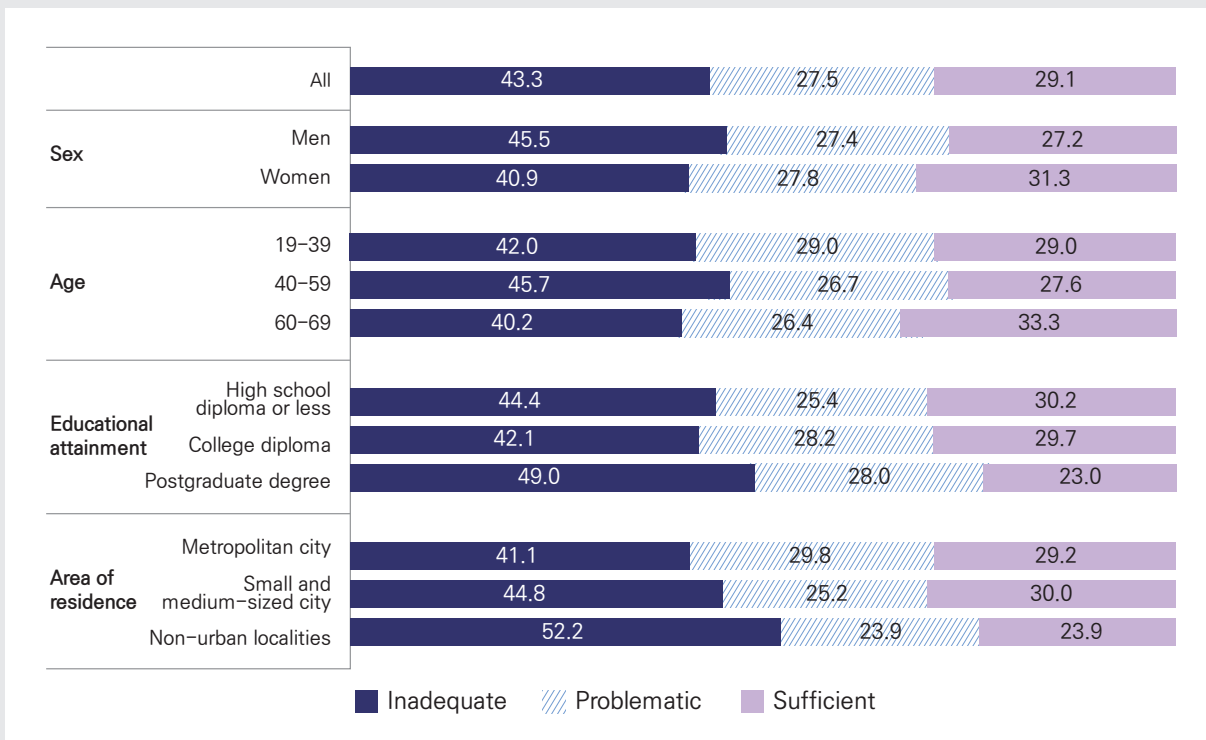


## General characteristics

Health literacy was divided into three categories: inadequate (0-8 points); problematic (9-12 points); and sufficient (12-16 points). Of the respondents, 43.3 percent had inadequate health literacy and 29.1 percent were sufficiently health-literate.

Health literacy was lower in men, in youth and middle-aged adults, and in those with a postgraduate degree, but not to any statistically significant extent. Studies conducted in the recent past have reported that old-age groups, compared to younger people, have lower digital access and competencies. However, this study finds no statistically significant differences in health literacy between different age groups. Such difference in the findings may be a consequence of the difference in survey methods. The older adults who participated in this study, as respondents to the online survey questionnaire, can be thought to have sufficient digital access and competencies. Thus, the old-age participants in this study may be regarded to have less difficulty in accessing health information than general older adults. The older adult participants' high health literacy may be attributable, in addition to their digital access and competencies, to their interest in health and health management which increases with age and continues to affect their search for, access to, understanding and making use of health information.

[Figure 1] Health literacy levels by sociodemographic characteristics (in %)



Source: Choi, Seul Ki et al. (2020). A Study for Improving Health Literacy. Korea Institute for Health and Social Affairs



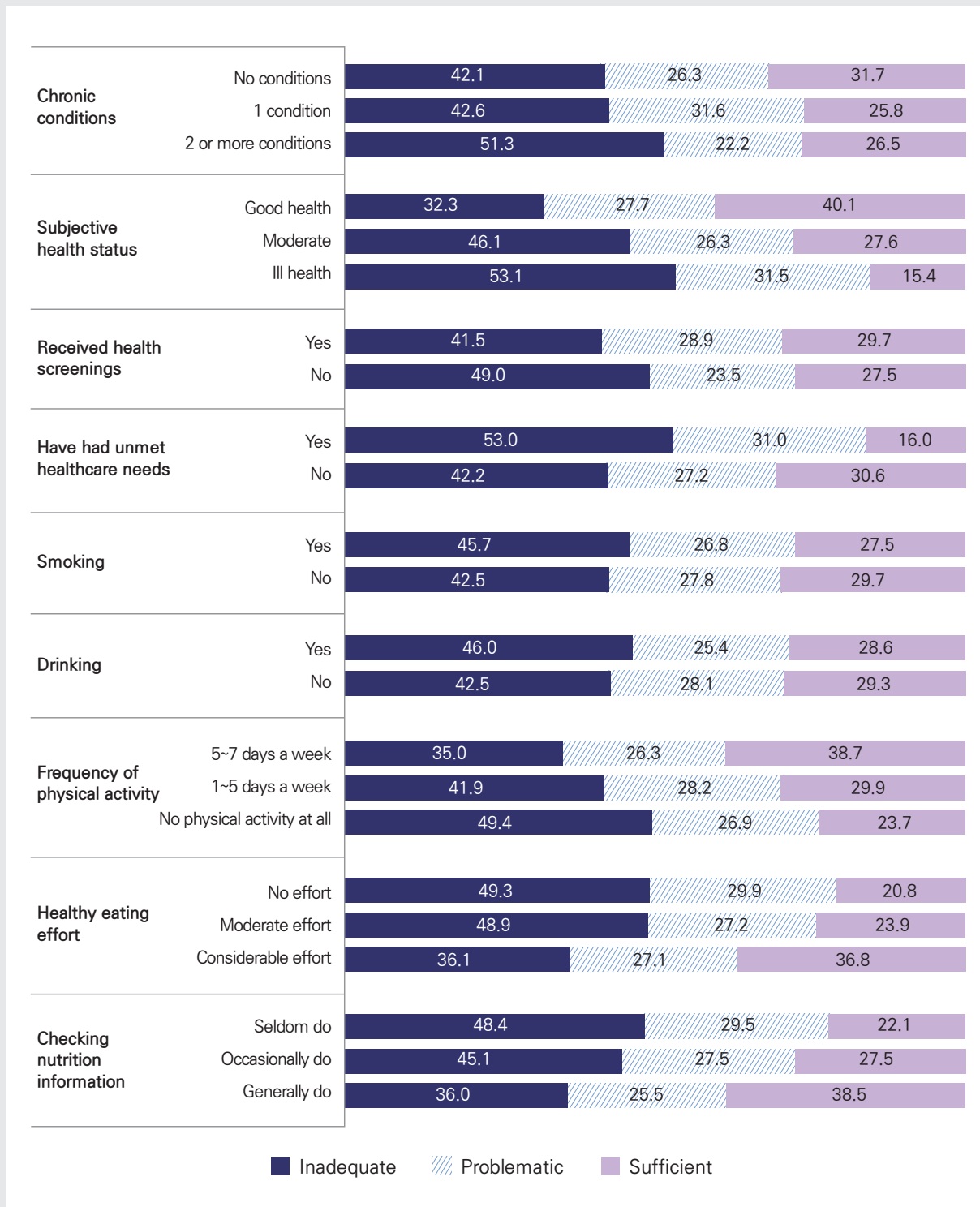
## Health levels, health behavior and health literacy

The proportion of those with sufficient health literacy was higher in people with a chronic illness than in people without. Those who reported their health as good had the highest percentage of individuals with sufficient health literacy, while the group of people who reported their health as poor had a high proportion of those with inadequate health literacy.

Those who practiced healthy living (getting health screenings, staying away from smoking and drinking, practicing physical activity, seeking healthy-eating habits, checking nutrition information, etc.) overall had high health literacy levels. The percentage of individuals with sufficient health literacy was significantly higher especially in those who actively pursued healthy living through, for example, practicing physical activity at least 5 times a week, keeping to healthy eating habits, or checking nutrition facts.

Of the respondents, those who reported having had unmet healthcare needs had a significantly higher proportion of people with inadequate health literacy. Low health literacy in has been pointed to in several studies conducted overseas as a factor hindering access to health care and making it difficult for people, even if they managed to access health services, to communicate with the health professionals and understand how the services involved proceed. The high prevalence of inadequate health literacy found in those who reported experiencing unmet health care needs suggests that in Korea's health care environment, it may well be that low health literacy acts as a barrier to health care service use.

[Figure 2] Health literacy levels as measured in association with health levels and health-seeking behavior

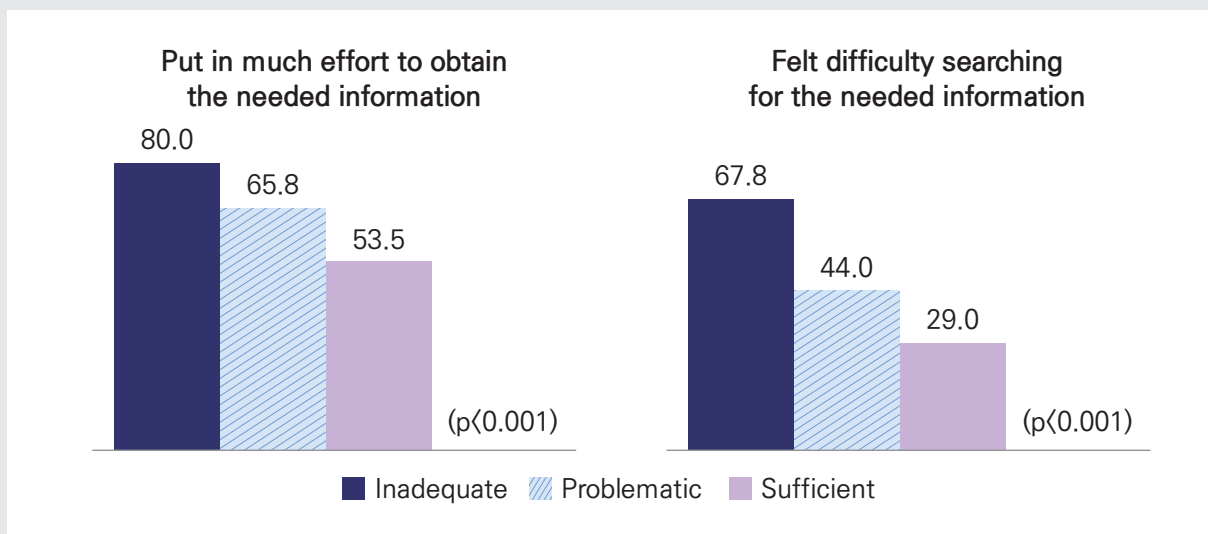


Source: Choi, Seul Ki et al. (2020). A Study for Improving Health Literacy. Korea Institute for Health and Social Affairs

## Health information seeking and health literacy

Over one-third of the respondents reported having searched for health information online at least once a week; more than two-thirds searched for health information online at least once a month. There was no significant difference in the frequency of health information search attributed to differences in health literacy level. Irrespective of their health literacy levels, those who reported seeking health information at least once a week accounted for the highest percentage of the respondents. Compared to respondents with problematic or sufficient health literacy, those with inadequate health literacy in significantly more cases had difficulty in searching for health information. Eighty percent of respondents with inadequate health literacy reported exerting much in health information search, compared to 65.8 percent of respondents with problematic health literacy and 53.5 percent of respondents with sufficient health literacy. Sixty-eight percent of those with inadequate health literacy, 44.0 percent of those with problematic health literacy, and 29.0 percent of those with sufficient health literacy reported experiencing difficulty searching for health information.

[Figure 3] Difficulty felt by respondents as they searched for health information, by health literacy level (in %)



Source: Choi, Seul Ki et al. (2020). A Study for Improving Health Literacy. Korea Institute for Health and Social Affairs

The respondents in most cases used internet portals or YouTube, sources from which misinformation often emerges. Health care professionals, websites run by government agencies, and such traditional media outlets as printed newspapers and radio, were less often drawn upon. When asked of the main source of health information they used, the respondents cited evidence-based health information sources such as websites of health care organizations (31.6 percent), health-related government agency

websites (18.9 percent), and health professionals (18.8 percent).

However, how satisfied users were with the health information they obtained from the sources they used did not match the order of preference they assigned to those sources. For example, with information they obtained from internet portals and YouTube, two most often-sought sources of health information, users were mostly “slightly satisfied” or “neither satisfied nor dissatisfied.” The respondents gave a high satisfaction score of 3.91 points to information they obtained from health care professionals, compared to 3.63 points and 3.64 points for information obtained from internet portals and YouTube, respectively. The satisfaction scores that respondents gave to information they obtained from the websites of health care institutions or government agencies were of magnitudes similar to the scores given to information from internet portals and YouTube.

**[Table 1] Sources of health information in order of preference;  
satisfaction scores for health information (in %; points)**

	Preferred source of health information				Satisfaction score for health information
	Sum of first three preferences	1st preference	2nd preference	3rd preference	Avg.
Internet portals (Naver, Daum, etc.)	86.2	66.2	15.2	4.9	3.63
YouTube	39.5	5.1	19.1	15.4	3.64
Television	33.1	13.3	11.4	8.5	3.57
Healthcare organization websites	31.6	3.6	17.4	10.7	3.65
Family and friends	25.5	1.5	7.7	16.4	3.61
Health-related websites of government bodies	18.9	1.9	7.4	9.6	3.63
Health care professionals (doctors, nurses, etc.)	18.8	1.4	5.9	11.5	3.91
Healthcare apps	15.9	1.2	6.2	8.5	3.59
SNSs or messengers: Twitter, Facebook, Kakao Talk	13.6	0.8	4.1	8.7	3.40
Printed newspapers	4.8	1.8	1.3	1.7	3.67
Radio	4.3	0.8	1.9	1.6	3.26
Other	0.3	-	0.1	0.2	3.33

Note: Satisfaction with health information is measured using a five-point scale ranging from 1 (very dissatisfied) to 5 (very satisfied).

Source: Choi, Seul Ki et al. (2020). A Study for Improving Health Literacy. Korea Institute for Health and Social Affairs

## Concluding remarks

This study finds that a considerable proportion of Korean adults have difficulty accessing, understanding, evaluating and making use of health information, as 70.9 percent of the survey respondents had inadequate or problematic levels of health literacy. There were no significant differences in health literacy levels between groups of different sociodemographic characteristics,

which is an outcome that, as it emerged from the context of an online survey, requires caution when analyzing it.

Additional support is needed in health management for groups with low health literacy, who, compared to their highly health-literate counterparts, are less likely to practice physical activity, implement healthy dietary habits or check nutrition information and more likely to have had unmet health care needs. Groups with low health literacy, lacking as they are in understanding of why health management matters and how it should be done, may confront difficulties starting on practicing healthy living. An environment should be fostered where health information is provided in such a tailored way to even those with low literacy as to enable them to make use of it in their healthy living practice.

The respondents reported low satisfaction with health information they obtained from sources they often turned to. There is a need to improve the quality and usability of information that people obtain from such often-used sources as internet portals, YouTube and television and from the public sector.

More than half of the respondents reported having difficulties searching for health information regardless of their health literacy levels. This suggests a need for improving the delivery of health information so as to increase the ease with which people come by the information they need.

Promoting health literacy is essential to improving people's health and achieving health equity. Health literacy should be put as a high-priority item on the national agenda, given the impact it has on people's health. There is a need for efforts in cooperation that link various social actors, including government bodies, health and medical circles, the education sector, and communities, to promote life-course health literacy. The National Health Plan 2030, which takes as one of its main goals the promotion of people's understanding of health information, is expected to serve as a foothold for lifting national health literacy levels.