

Health literacy assessment: relexicalising a US test for a South African population

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Abstract: The problems of illiteracy in health contexts have been well documented in the literature and include such serious repercussions as medication non-compliance and failure to seek medical help during the course of an illness. The Rapid Estimate of Adult Literacy in Medicine (REALM) is a standardised health literacy test developed in the United States that has been previously administered and researched in South Africa (Lecoko, 2000). It is an objective vocabulary test, designed as a screening instrument to identify the health literacy levels of patients in clinics, which uses item recognition of 66 health-related words. Lecoko found that, in a South African setting, only 8 out of the 66 words in the US-developed test could be deemed acceptable. Therefore, the current study focused on the principled relexicalisation of the REALM, using words gathered from health information and promotional texts in local clinics, hypothesising that this would improve its applicability. After administration to a statistically similar group of respondents, the number of acceptable words on the test increased from eight to 38. Thus it is concluded that principled relexicalisation may be one way of improving the applicability of standardised health literacy tests to local populations and settings. However, the limitations of standardised tests may prove to be a significant barrier overshadowing the value of relexicalisation.

Introduction

Much has been written on the dangers of illiteracy in a healthcare context and the need for improved knowledge about health. According to Foulk, Carroll and Wood (2001: 9), 'adults with limited literacy encounter many problems using the health care system [and] ... are less likely to use screening procedures, follow medical regimens, keep appointments, or seek help in the course of a disease'. These individuals are 'also significantly more likely to visit their doctors on a monthly basis and ... less likely to view their providers as involving them in their own treatment and explaining things to them in an understandable manner' (Kalichman *et al.*, 2000: 350).

When low literacy affects a large number of people on an individual level, lack of knowledge about communicable diseases can have a wider, societal impact, and thus may be more devastating. In a study examining literacy levels and HIV/AIDS, Kalichman *et al.* found that 'in addition to poorer knowledge and understanding of HIV illness status ... persons of lower health literacy ... [held] more misperceptions of how HIV treatments influence HIV-transmission risks' (2000: 350). Accordingly, this suggests 'an alarming situation in which persons of lower health literacy living with HIV may be at increased risk for transmitting HIV/AIDS to others while under a false impression of reduced infectivity' (Kalichman *et al.*, 2000: 350). This is particularly critical in South Africa, where UNICEF estimates that, at the end of 2005, 18.8% of the adult population (15 years and older) were infected (URL 1), with an HIV prevalence rate amongst women at antenatal clinics of 24.8% (URL 2).

Thus, improving the public's knowledge about health, or 'health literacy', is of crucial importance and determining the effectiveness of current attempts to inform the public form an important point of departure for further efforts in this regard. At a basic level, health literacy may be defined as, 'the ability to read and comprehend prescription bottles, appointment slips and the other health-