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Basic Literacy and Attainment of Good Health and Well-Being among Young Adults in Ekiti State, Nigeria

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Abstract

Eradication of poverty and shifting the world onto a sustainable and resilient development pathway are part of the many agenda set at different times in history of the world by the United Nations. The realisation of these agenda is largely presumed to rest on literacy level of the world. Most health challenges in the nation have proven difficult to control or handle because the level of health literacy amongst Nigerians appears inadequate in the aspects that directly impact their health. The main purpose of this study was to establish the link between Sustainable Development Goals (SDGs) 3 and basic literacy, and determine, both quantitatively and qualitatively, how it affects the achievement of SDG 3 among young adults. A naturalistic inquiry was adopted to obtain data among the targeted population; questionnaire was formulated to answer the set research questions; 250 respondents within ages 18 to 35 were targeted, 125 each from selected LGA. Results of the study showed that basic/health literacy has significant influence on the health perception of the population. The study further shows that health performance is a function of health literacy and indirect function of level of education. This study recommended that government at all levels should embark on serious awareness campaign to intimate all Nigerians with SDGs and incorporate health programmes and awareness as a compulsory aspect of education at all levels.

Keywords:
Basic literacy
Health performance
Education for all
Health awareness.

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1. Introduction

History of development in nations of the world has always included setting up developmental goals, which are subsequently followed systematically to achieve development. In September 2015, United Nations (UN) adopted a new comprehensive, ambitious, and transformational development agenda. The Outcome Document adopted during the summit outlines a set of 17 Sustainable Development Goals (SDGs) and 169 targets aimed at eradicating poverty in all its forms and shifting the world onto a sustainable and resilient development pathway while ensuring that 'no one is left behind. Strikingly, the jump from the MDGs to the SDGs is not simply a question of extending the timeline and the ambition of the goals. New goals have been added, entirely new sectors have been introduced, and the number of indicators has more than doubled. The breadth and depth of the endeavour will now involve a substantial multiplication of activities and an expansion of partnerships and institutions. Moreover, a number of the SDGs do not simply specify outcome goals, but also the means by which these goals should be achieved.

SDG 3 aims at attaining healthy life for all at all ages.. To achieve these targets, it is important to understand the impact of Health Safety and Environment (HSE) literacy (education) within targeted population, as it greatly impacts the success of SDG 3.

"Health is wealth" is a common saying. The key to progressive development in a country is good health of its citizens. "SDG 3", part of the UN's 17 developmental goal, focuses on achieving the attainment of healthy life for all at all ages;this goal has set targets and with four of the targets as means of implementation, the SDG 3 targets can summarily be referred to as "Health Safety and Environment (HSE-)." The SDG 3 incorporates targets that involve health of the people, safety of the people and achieving a clean environment; these all will foster good health of the people.

As documented by the Voluntary National Reviews on the implementation of the 2030 agenda (2017) reported that in Nigeria, high disease burden (Malaria, HIV, Polio and others.) amongst other factors has been responsible for non-translation of past growth into tangible development; the recent being the "achieving less to the fore-planned development" through the MDGs programmes. Basic literacy has significant effect on health; literacy level may contribute significantly to the health status of an individual or a group of people. Many women in rural communities do not possess basic literacy skills such as the ability to read, write, or count. These skills are needed for the purpose of understanding prescriptions and/or instructions given by health workers or doctors and in accessing health tips or useful information regarding health. Most health challenges in the nation has proven difficult to control or handle because the level of health literacy amongst Nigerians is inadequate in the aspects that directly impact their health such as: Health Safety and Environment (HSE), Environmental Impact Assessment/Auditing (EIA), Road/Traffic laws, Nutrition/personal Hygiene etc. this has made it hard to achieve the health goals set in time past and may as well affect any set health goal in the future. Therefore, this study investigated the link between successful translation of SDG 3 into growth and development.

For the purpose of this study, the following research questions were set.

1. What are the parameters that determine or affect basic health literacy in youths and young adults?
2. What effect does the level of education have on basic health literacy in young adults?
3. What is the level of basic health literacy in young adults of Emure/Ise-Orun LGA?
4. Is there variation in the health performance of young adults based on their basic health literacy?

The following hypotheses were asked:

i. Basic health literacy has no significant influence on health perception among young adults
ii. There are no significant differences in the awareness of basic health literacy of male young adults compared to female young adults.
iii. Age will have no significant influence on the awareness of basic health literacy among young adults.
iv. Marital status will have no significant influence on the awareness of basic health literacy among young adults.

2. Method

A sample size is used to represent the total population. The sample size for this research work is two hundred and fifty respondents, one hundred and twenty-five from each adopted LGA (Emure/Ise Local Government Area). 125 participants were randomly selected from each Local Government area of Ekiti State to complete the instruments. The study area covered two local governments in Ekiti South Senatorial district: Emure LGA and ISE-Orun LGA of Ekiti State, The adapted instrument is a questionnaire structured to answer the research questions and test the set hypotheses. The evidence of reliability of the test instrument is provided by making use of test-retest procedure.

All returned survey questionnaire were coded and analysed using IBM SPSS Statistics (Version 20), frequency distribution and inferential statistics were adopted.

3. Results

The result shows that 48.4% of the respondents were male, while 51.6% were female; respondents' age distribution shows that 29.2% of the respondents were within the age grouping of 18 and 22 years, 44% were within the age grouping of 23 and 27 years, 20.4% were within the age grouping of 28 and 32 years, while 6.4% were 33 years of age and above. The respondents' marital statuses reveals that 59.2% were single, 34.8% were married, 4% were divorced, while 2% were widowed. On the bases of religion, it was observed that 58.8% of the respondents were Christians, 36% were Muslims, while 5.2% were involved with the traditional form of religion. The level of education level of education of the respondents varies, 20% of the respondents attained primary school education level, 37.2% were educated to secondary school level, and 37.6% had tertiary form of education, while 5.2% had no formal education. Summary of result of tested demographic features are presented on Table 1.

Table-1. Summary of the demographic features of respondents

Gender Distribution			**Age Distribution**			**Marital Status**			**Religion**			**Educational Status**		
Gender	Frequency	%	Age	Frequency	%	Marital Status	Frequency	%	Religion	Frequency	%	Educational Status	Frequency	%
Male	121	48.4	18-22yrs	73	29.2	Single	148	59.2	Christianity	147	58.8	Primary School	50	20.0
Female	129	51.6	23 - 27 yrs	110	44.0	Married	87	34.8	Islam	90	36.0	Secondary School	93	37.2
Total	**250**	**100.0**	28 - 32 yrs	51	20.4	Divorced	10	4.0	Traditional	13	5.2	Tertiary Institution	94	37.6
			33 yrs and above	16	6.4	Widowed	5	2.0	**Total**	250	100.0	None	13	5.2
			Total	**250**	**100.0**	**Total**	**250**	**100.0**				**Total**	**250**	**100.0**

Source: Field Survey

Research Question 1: What are the parameters that determine or affect basic health literacy among young adults?

Table-2. Chi Square summary on statement regarding the parameters that determine basic health literacy among young adults

Items	Response					
		SA	A	D	SD	Total
I understand English Language	F	85	135	28	2	250
	%	34.0	54.0	11.2	0.8	100.0
I can read English Language	F	63	122	55	10	250
	%	25.2	48.8	22.0	4.0	100.0
I can speak English Language	F	65	111	71	3	250
	%	26.0	44.4	28.4	1.2	100.0
I prefer to count numbers in English Language	F	66	101	72	11	250
	%	26.4	40.4	28.8	4.4	100.0
I prefer to count numbers in Yoruba language or in my dialect	F	40	60	131	19	250
	%	16.0	24.0	52.4	7.6	100.0
Averaged Total	F	60	120	57	13	250
	%	24.0	48.0	22.8	5.2	100.0
Chi Square	X^2			92.688		
	df			3		
	p			< .05		

Source: Field Survey

The result on Table 2 shows that 88% of the respondents understand English Language and 12% do not. Out of the whole population, 74% of the respondents possess basic reading literacy skill in English Language, while 26% do not. In a similar trend, 70.4% of the respondents possess basic speaking literacy skill in English Language, while 29.6% do not. 66.8% of the respondents possess basic counting/numeracy literacy skill in English Language, while 33.2% do not. Despite the numeracy skill possess by the larger percentage of the population, 40% of the respondents opined that they prefer to count numbers in Yoruba language or in their dialect, while majority (60%) negated it. This implies that most of the respondents prefer English Language, thus making it strong parameters that determine or affect basic health literacy among young adults.

Probability p value for the tested hypothesis is less than 0.05 level of significant, which implied that the observed differences in the response is valid for conclusion

Research Question 2: What effect does the level of education have on basic health literacy in young adults?

Table-3. Chi Square summary on statement regarding the effect of education level on basic health literacy among young adults

Items		Response				
		SA	A	D	SD	Total
I prefer listening to or watching health programmes in English	F	74	9	108	59	250
	%	29.6	3.6	43.2	23.6	100.0
I prefer listening to or watching health programmes in Yoruba or in my dialect	F	71	84	88	7	250
	%	28.4	33.6	35.2	2.8	100.0
I prefer traditional health system to orthodox health system because it is more affordable	F	18	76	98	58	250
	%	7.2	30.4	39.2	23.2	100.0
I prefer modern health system to traditional health system because it is affordable	F	66	89	78	17	250
	%	26.4	35.6	31.2	6.8	100.0
Doctors' prescriptions are not always readily available in store, so I buy related medication	F	9	31	109	101	250
	%	3.6	12.4	43.6	40.4	100.0
Averaged Total	F	61	79	75	35	250
	%	24.4	31.6	30.0	14.0	100.0
Chi Square	X^2			18.992		
	df			3		
	p			< .05		

Source: Field Survey

The result on Table 3 indicates that 33.2% of the respondents are in support of the statement that they prefer listening to or watching health programmes in English, while 66.8% said otherwise. In a similar trend, it was also observed that 62% of the respondents supported the statement that said they prefer listening to or watching health programmes in Yoruba or in my dialect, while 38% said otherwise. This implied that the respondents enjoy listening to events more in Yoruba languages. It was observed that 37.6% of the respondents supported the statement that said they prefer traditional health system to orthodox health system because it is more affordable, while 62.4% said otherwise. In a confirmatory statement, it was opined that 62%

of the respondents affirmed the statement that they prefer modern health system to traditional health system because it is affordable, while 38% did not. Lastly, it was noted that majority of the respondents (84%) negated the statement that said doctors' prescriptions are not always readily available in store, so I buy related medication, while 16% said otherwise.56% of the respondents agreed that the type of language and education that an individual prefer and attain respectively will determine their basic health literacy. This was further confirmed with the chi square results (X^2= 18.992, df=3, p < .05).

Research Question 3: What is the level of basic/health literacy in young adults of Emure/Ise-Orun LGA?

Table-4. Chi Square summary on statement regarding the level of basic health literacy among youths and young adults of Emure and Ise-Orun LGA

Items	Response					
		SA	A	D	SD	Total
I am aware of Sustainable Development Goals	F	54	79	100	17	250
	%	21.6	31.6	40.0	6.8	100.0
I am aware that immunization is good and it helps to fight against diseases both in adult and children	F	84	137	22	7	250
	%	33.6	54.8	8.8	2.8	100.0
I am aware of epidemics outbreaks, terminal diseases and other forms of communicable diseases and how to manage them	F	59	142	39	10	250
	%	23.6	56.8	15.6	4.0	100.0
Doctors' prescriptions are the best and they are always accurate	F	36	140	57	17	250
	%	14.4	56.0	22.8	6.8	100.0
I don't need doctors' prescriptions to take medications, since I can take care of myself	F	35	47	122	46	250
	%	14.0	18.8	48.8	18.4	100.0
Averaged Total	F	56	124	53	17	250
	%	22.4	49.6	21.2	6.8	100.0
Chi Square	X^2			95.760		
	df			3		
	p			< .05		

Source: Field Survey

Result summarised on Table 4 reveals that most of the respondents (53.2%) support the statement that they are aware of Sustainable Development Goals, while 46.8% do not. Also, most of the respondents 88.4% they are aware that immunization is good and it helps to fight against diseases both in adult and children, while just 11.6% said otherwise. Majority of the respondents (80.4%) also confirmed the statement that they are aware of epidemics outbreaks, terminal diseases and other forms of communicable diseases and how to manage them, while 19.6% do not. It was noted that most of the respondents (70.4%) affirmed the statement that doctors' prescriptions are the best and they are always accurate, while 29.6% do not. Majority of the respondents (67.2%) do not support the statement that said "I do not need doctors' prescriptions to take medications, since I can take care of myself", while 32.8% supported. The average summary indicates that 72% of the respondents possess knowledge of basic health literacy among youths and young adults of Emure and Ise-Orun LGA, while 28% do not. With the X^2 value of 95.760, df of 3 and p value less than 0.05 level of significant, the observed differences in the response was valid for conclusion.

Research Question 4: Is there variation in the health performance of young adult based on their basic health literacy?

Table-5. Chi Square summary on statement regarding variation in the health performance of young adult based on their basic health literacy

Items	Response					
		SA	A	D	SD	Total
I don't need doctors and health facilities since there are traditional medicines and herbs	F	48	48	114	40	250
	%	19.2	19.2	45.6	16.0	100.0
Modern medicines don't work well or are not effective like the traditional medicines	F	29	72	118	31	250
	%	11.6	28.8	47.2	12.4	100.0
Modern medicines are too expensive and not available except in the hospitals	F	20	71	112	47	250
	%	8.0	28.4	44.8	18.8	100.0
Visiting the hospital can stigmatize me in the society	F	24	52	116	58	250
	%	9.6	20.8	46.4	23.2	100.0
Hospitals are for those with deadly or terminal disease	F	21	51	76	102	250
	%	8.4	20.4	30.4	40.8	100.0
Averaged Total	F	28	59	107	56	250
	%	11.2	23.6	42.8	22.4	100.0

Source: Field Survey

Considering the items on variation in the health performance of young adult based on their basic health literacy, the result on Table 5 shows that most of the respondents (61.6%) negated the statement that they do not need doctors and health facilities since there are traditional medicines and herbs, while 38.4% supported it. This implies that majority prefer doctors and health facilities to traditional. The result also shows that most of the respondents (59.6%) negated the statement that says "modern medicines don't work well or are not effective like the traditional medicines", while 40.4% agrees otherwise. Majority (63.6%) negated the statement that "modern medicines are too expensive and not available except in the hospitals", while 36.4% supported it. Also, majority (69.6%) supported the statement that "visiting the hospital can stigmatize me in the society", while 30.4% said otherwise; 71.2% of the respondents negated the statement that " hospitals are for those with deadly or terminal disease", while 28.8% said supported it.

The average summary revealed that majority of the respondents did not support the opinion that they had poor orientation and desire for modern medicines. This was such that 65.2% negated the view, while 34.8% supported it. The Chi square result further confirmed the non-significant variations in responses, thus the observed- majority confirmed that there was no significant variation in the health performance of young adult based on their basic health literacy (X^2=95.760, df=3, $p < .05$).

Hypothesis 1: Basic health literacy has no significant influence on health perception among young adult.

Table-6. Simple Regression showing the influence of basic health literacy on health perception among young adult

Variables	B	T	P	R	R^2	df	F
Awareness of Basic /Health Literacy	.560	10.64*	< .05	.560	.313	1, 248	113.230**

** p< 0.01, * p < 0.05

The result also indicates that basic literacy had significant influence on health perception (β=0.560, t=10.64, $p < .05$). This implied that the health perception of young adult is determined by their basic health literacy such that the higher their health/ basic literacy, the more positive they perceive modern health systems.

Hypothesis 2: There is no significant difference in the awareness of basic health literacy of male young adult compared to female young adult

The result reveals that gender had no significant difference in the awareness of basic health literacy [t(248)= 0.576, $p > .05$]. This implied that young male adult (M=14.47; SD=3.162) do not differ from their female counterparts (M=14.27; SD=2.270) when compared on their level of awareness on basic health literacy.

Table-7. Independent T-test showing Gender difference on awareness of basic health literacy among young adult

	Gender	N	Mean	SD	df	t	p
Basic Literacy	Male	121	14.47	3.162	248	.576	> .05
	Female	129	14.27	2.270			

Source: Field Survey

Hypothesis 3: Age will have no significant influence on the awareness of basic health literacy among young adult.

Table-8. One-Way ANOVA showing the Influence of age on awareness of basic health literacy among young adult

Source	SS	df	MS	F	p
Between Groups	45.023	3	15.008	2.032	> .05
Within Groups	1817.121	246	7.387		
Total	1862.144	249			

Source: Field Survey

The result indicates that age had no significant influence on the awareness of basic health literacy among young adult [F(3, 246)= 2.032, $p > .05$]. This implies that the age of young adult do not determine their awareness level of basic health literacy.

Hypothesis 4: Marital Status will have no significant influence on the awareness of basic health literacy among young adult.

Table-9. One-Way ANOVA showing the Influence of Marital Status on awareness of basic health literacy among young adult

Source	SS	df	MS	F	P
Between Groups	55.064	3	18.355	2.499	> .05
Within Groups	1807.080	246	7.346		

Source	SS	df	MS	F	P
Between Groups	55.064	3	18.355	2.499	> .05
Within Groups	1807.080	246	7.346		
Total	1862.144	249			

Source: Field Survey

Result shows that marital status had no significant influence on the awareness of basic health literacy among young adult [F(3, 246)= 2.499, p > .05]. This implies that the either married, single, divorced or widowed do not determine the awareness level of basic health literacy among young adults. The result shows that educational qualification had significant influence on awareness of basic health literacy [F(3,246)=39.541,p<.05]. This implied that the level of education that young adult attain will determine their awareness level of basic health literacy among young adult.

Hypothesis 5: Educational qualification will have no significant influence on the awareness of basic health literacy among young adult.

Table-10. One-Way ANOVA showing the Influence of Educational Qualification on awareness of basic health literacy among young adult

Source	SS	df	MS	F	p
Between Groups	605.813	3	201.938	39.541	< .05
Within Groups	1256.331	246	5.107		
Total	1862.144	249			

Source: Field Survey

The result presented on Table 4.14shows that educational qualification had significant influence on awareness of basic health literacy [F(3,246)=39.541,p<.05]. This implied that the level of education that young adult attain will determine their awareness level of basic health literacy among young adult. This negate the formulated null hypothesis 5, thus, it was rejected. To have a better understanding of the educational level that has the most impact on awareness level of basic health literacy among young adult, mean, and standard deviation was conducted and presented in table below.

4. Discussion

The study shows that respondents' socio-economic characteristics, except for level of education, have no effect on both level of literacy and health outcome which agrees with the findings of Bush *et al.* (2010) who claimed varying socio-economic factors such as age, sex, ethnicity amongst others. Findings from the study shows that level of education is a main factor that determines or affect basic health literacy in young adults of Emure and Ise-Orun Local Government Areas. According to the Federal Ministry of Education of Nigeria, 2010 (Cited in Adegbite, 2010), Nigeria has 500 indigenous languages and dialects and English Language has been chosen as the official language of communication at all level. Understanding of English Language is therefore a determining factor to develop basic health literacy as it represents the language of health communication in Nigeria. The study shows that the understanding of English Language to a speaking, reading and numeracy level is the determining parameter to developing basic health literacy among the young adults in the study area.

The research shows that the larger population of the respondents is aware of the SDGs, immunization, epidemic outbreaks and prefer doctors' prescriptions; this attests to the moderately high literacy level of the respondents. This is in support of the findings of Florence and Adekunle (2010). The respondents have a lower population who are against orthodox health care and afraid of being stigmatized by visiting the hospital, this reflects the low population of those with low health literacy and consequently low health performance. This is in accordance with the findings of Berkman *et al.* (2011). Contrary to the hypothesis set, findings from this study show that basic health literacy has significant influence on health perception among young adults in the study area. This is in line with the findings of Chen *et al.* (2014), Deniz *et al.* (2018) also established a strong relationship between literacy level and health perception of patients. The findings from this study show that both male and female young adults possess basic health literacy with no significant variation, which tested the hypothesis to be true. This is in line with the report of the National Bureau of Statistics, in the National Literacy Survey carried out in 2010.

The study shows that age does not influence the level of awareness of basic health literacy of targeted population for this study. This is in line with the findings of Bush *et al.* (2010), also in line with and Manoj (2010) who claimed that age does not determine the level of health literacy The study shows that marital status does not influence the level of awareness of basic health literacy of targeted population for this study. This is in line with the findings of Bush *et al.* (2010). This study shows a strong significant influence of education on the awareness of basic health literacy among young adults of the study area. This is corroborated

by the reviewed works of Organisation for Economic Co-operation and Development, 2006. The review clearly showed that education is a strong factor that influences the awareness of basic health literacy and consequently health performance among young adults. This also agreed to the works carried out by Olshansky *et al.* (2012).

5. Conclusion

Base on the findings of this study, there is a strong link between achieving SDG 3 and level of basic literacy among the targeted population. Quantitatively, the study proved that the higher the percentage of people with basic health literacy among the young adult population, the increased the probability of achieving SDG3 within the set time. Qualitatively, overall health awareness and performance of the young adult population within the study area proven to improve with increased level of literacy. The population basic health literacy has been found to be greatly determined by their level of education-n, people with high level of education have better health literacy and consequently, better health performance compared to people with low level of education.

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