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Responding to Adolescent Women’s Reproductive Health Concerns: Empowering Clients Through Health Literacy

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Adolescents have particular needs in health care that are often not met. Health care providers can help overcome barriers that hinder adolescents’ effective use of health services by incorporating health literacy strategies that are developmentally and contextually appropriate, and that actively involve adolescents in their own learning. Based on extensive practice and research experience in Canada with rural and urban high school adolescent women, we offer suggestions for how health care providers can respond to adolescent women’s reproductive health concerns by teaching these young women how to increase their skills in functional, communicative/interactive, and critical health literacy.

The health status of adolescent women worldwide has not improved in recent years (Centers for Disease Control and Prevention [CDC], 2008). Despite the plethora of health research and availability of health information, this information does not always make a difference in adolescent health either at the national or international levels (Michaud, 2005). For example, worldwide,
approximately 6,000 adolescents ages 15–24 are infected with HIV each day (UNICEF, Joint United Nations Programme on HIV/AIDS, & World Health Organization, 2002). More specifically, in Canada and the United States, sexually transmitted diseases among adolescent women are among the highest of any age group and continue to rise (CDC; Sex Information and Education Council of Canada [SIECCAN], 2004). Such sexual and reproductive health issues can have long-term consequences for individuals, the community, and the social and health care systems (Health Canada, 2004). For example, untreated chlamydia infection, an increasingly common sexually transmitted infection (STI) among adolescent women, can contribute to serious medical consequences such as pelvic inflammatory disease (PID) and infertility, chronic pelvic pain, and increased susceptibility to HIV infection (SIECCAN). Fortunately, most adolescents want to gain knowledge about their sexual and reproductive health in order to make more informed decisions (Fantasia, 2008). A major step in enabling good protective sexual health behavior among adolescents is knowledge through education. In this article we offer suggestions for using health literacy strategies that provide opportunities for adolescents to develop knowledge and skills that are developmentally and contextually appropriate. Health literacy is defined as “the degree to which people have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Ratzan, Parker, & Lurie, 2003, p. 147). This is not a research study report. Rather, we draw on literature in the fields of health literacy and health education, on our intervention and research experience with an adolescent health education/health literacy mentorship program (Banister & Begoray, 2006), and on our teaching and clinical nursing practices with urban and rural youth who live on the west coast of Canada. The majority of youth were Caucasian and were from families with low socioeconomic status. Approximately 15% of the youth were Indigenous. Our practice settings included two urban youth medical clinics, two urban high schools, an urban alternative high school for youth who were at risk for dropping out of school, and a rural First Nation high school located on First Nation territory. These settings do not generally obtain statistics on culture, ethnicity, or religion.

We organize this article as follows. We define health literacy and its three components: functional, communicative/interactive, and critical. We review adolescent development, particularly changes in their cognitive and emotional functioning. We outline strategies for working with empowering adolescent clients using the three components of health literacy, followed by a discussion of barriers to such empowerment. We end with a discussion of basic learning processes and health literacy-based strategies in which adolescents work with health care providers to define the health issues and determine solutions.
HEALTH LITERACY

Researchers have noted that adolescent health literacy needs more attention in the professional literature (Manganello, 2007). The general benefits of improving health literacy are widely acknowledged in such literature, but the specific benefits for adolescents are rarely addressed. Kickbusch (2001) maintains that health literacy is a critical empowerment strategy to increase individuals’ control over their health and their capacity to seek out and use information in the context of their own lives. Nutbeam (2000) suggests that health literacy has basic/functional, communicative/interactive, and critical components, and indeed all of these facets are important for our understanding of adolescents’ health literacy. Basic/functional literacy involves reading and writing, listening and speaking, viewing and representing—or “sufficient basic skills to be able to function effectively in everyday situations” (p. 263). Everyday health situations for adolescents involve events such as reading websites and labels on pill bottles. Communicative/interactive literacy involves “more advanced cognitive and literacy skills ... used to actively participate in everyday activities, to extract information and derive meaning from different forms of communication, and to apply new information to changing circumstances” (p. 263). For example, for most adolescent clients, medical professionals belong to a different culture. Communication therefore requires “cross-cultural” sensitivities and abilities. Add to this challenge the additional barrier between adult and youth culture, and the adolescent client needs sophisticated skills indeed. Familiarity with health care professionals through school and community programs can help reduce some of these barriers (Kefford, Trevena, & Willcock, 2005). Finally, critical health literacy involves “more advanced cognitive skills which, together with social skills, can be applied to critically analyse information, and to use this information to exert greater control over life events and situations” (Nutbeam, 2000, p. 264). Adolescents should be able to question professionals about their care and make knowledgeable decisions. They also might be encouraged to work for positive social change in health areas.

ADOLESCENT DEVELOPMENT

Significant changes in emotional, physical, and cognitive functioning during adolescence have implications for health education and health literacy development that are unique for this population (Tylee, Haller, Graham, Churchill, & Sanci, 2007). Adolescence is a particularly important time for the development of health literacy skills as “adolescents experience advances in cognitive abilities, developing an improved capacity for processing information ... and using reasoning skills” (Manganello, 2007, p. 840). Adolescence is a
significant period in the lifespan when health-related behaviors are established and adolescents assume more responsibility for their own health (Rickwood, Dean, Wilson, & Ciarrochi, 2005).

Early adolescents’ (ages 12–14) thinking is at a preoperational or concrete level. Adolescents at this stage have difficulty predicting the consequences of their actions and may underestimate the potential risks (Lieberman, Gray, Wier, Fiorentino, & Maloney, 2000; Piaget, 1971). During middle adolescence (ages 15–17), adolescents’ thinking is at a more abstract or formal operational level. At this stage, adolescents become more reflective and develop the capacity to predict possible outcomes of their behaviors and comprehend abstract concepts such as their values. Late adolescents (ages 18–21) attain more sophisticated abstract thinking abilities and are capable of predicting the long-term consequences of their actions. Adolescents at all stages are developmentally ready to foster and evaluate their understanding of sexual health. They will benefit from strategies that raise their awareness and actively involve them in acquiring and using knowledge.

Vygotsky (1978) points out that all learners can be helped to attain new understanding at the next developmental level through the active involvement of a “sophisticated other.” Health care providers have opportunities to become actively involved as this “sophisticated other.” In order to facilitate such active involvement, strategies and educational sessions need to be tailored to the appropriate developmental level of adolescents based on their individual needs (Fantasia, 2008).

Young people start to engage in abstract reasoning during early adolescence. One method for activating such reasoning at this developmental stage is to use communicative/interactive health literacy through the use of concrete learning strategies. Early adolescents need to be physically active and enjoy time with their peers. For example, health care providers can engage them in small-group, hands-on activities such as poster making to encourage expressions of sexual health knowledge using visual representations. Instructors can then pose open-ended questions to promote discussion, further developing both functional and communicative/interactive literacy about how the poster images portray sexual health concepts.

Middle adolescents are more likely to be involved in risky sexual behaviors such as not using a condom. Strategies that encourage communicative/interactive literacy can be used to help such adolescents appreciate the link between their actions and the outcomes of those actions. For example, adolescent women may be having regular unprotected sex and at the same time state that they have no desire to get pregnant. Health care providers can use learning strategies that assist such women in working through questions related to their sexual and reproductive health. For example, questions could be posed to the middle adolescent woman such as, “What would you decide to do if you did get pregnant? How would this change your life?” If the adolescent woman indicates that she wishes to avoid pregnancy, additional
questions could be asked to further clarify or strengthen the links between actions and outcome: “On a scale of one to ten how important is it to you to use condoms every time you have sex,” followed by, “What would have to happen for it to be more important to you to use condoms every time” (Fisher & Black, 2007). Incorporating questions about adolescents’ life goals can run parallel to such questions (Banister & Begoray, 2006). Clarifying and highlighting links between adolescent women’s values, behaviors, and desired outcomes can promote their communicative/interactive literacy.

Late adolescents have a more distinct identity, and their personal values are more clearly defined. These more mature adolescents can consider advice more reasonably, and they can reflect critically to evaluate the appropriateness of the advice. Adolescents at this stage are also more capable of understanding the complexities of health issues. Such adolescents’ critical literacy can be promoted by having them consider, for example, structural influences on health issues such as HIV/AIDS among young women. The health educator could pose critical questions such as, “What is the influence of gender on the increasing incidence of HIV/AIDS among young women throughout the world? Why is this important?” The use of learning approaches that are tailored to adolescents’ developmental stage provides a unique opportunity to help build their health literacy skills.

EMPOWERING ADOLESCENT CLIENTS USING FUNCTIONAL, COMMUNICATIVE/INTERACTIVE, AND CRITICAL HEALTH LITERACY STRATEGIES

Adolescents are capable of interacting and collaborating with health care providers to generate useful ideas about functional ways in which information about sexual health may best be delivered (Hancock, 2004). It is important that health care providers be seen as collaborators in the health care setting rather than as “authoritarian experts” (Bergsma, 2004, p. 154). Creating opportunities whereby adolescent women are recognized for their capabilities in identifying health issues, critiquing, and developing solutions (Nutbeam, 1997) using their communicative/interactive and critical health literacy skills can be a mechanism for creating changes in their health behaviors (Flicker, Savan, Mildenberger, & Kolenda, 2007). Adolescent clients also develop their critical health literacy if they are consulted about the design of sexual health material and use of creative approaches for translating functional sexual health knowledge (Hancock).

An example of an approach generated by youth is the use of text messaging. Text messaging has been utilized in the San Francisco (U.S.) area as a successful means for “at-risk” adolescents to obtain sexual health information and referrals to sexual and reproductive health services (Levine, McCright, Dobkin, Woodruff, & Klausner, 2008). Functional health literacy is needed
to create the text message. Communicative/interactive health literacy shapes the message for a particular audience. Critical health literacy is needed to sell the idea to health care providers, advocate for its use, and locate funders and so on to enable social change.

Health care providers can choose teaching methods that involve adolescent women in an activity and encourage them to personalize the information being taught (McKay, Fisher, Maticka-Tyndale, & Barrett, 2001). Activities might include opportunities to practice effective communicative/interactive skills. For example, role playing, whereby the health care provider takes the role of a parent and the adolescent plays herself, could be pursued to let such adolescents rehearse their arguments for using birth control. Role playing encourages abstract thinking and offers an opportunity for clients to rehearse various options with a health care provider by working through different scenarios and learning and practicing effective health literacy skills (Banister & Begoray, 2004). Role playing develops communicative/interactive skills. It builds on the functional health literacy skills required to say “yes” or “no” to forms of sexual expression. Finally it develops adolescents’ critical health literacy by allowing them to practice agency in relation to their own sexuality.

Writing also can be used as a method for adolescent women to express themselves and develop functional health literacy (Banister & Begoray, 2006). For example, while waiting for a health service appointment, adolescents can be invited to write on a card responding to a suggested list of prompts such as, “What is the most important question you want to ask today?” Such writing also provides the basis for communicative/interactive situations with the health care provider during their appointment time.

The ability to use visual props as well as verbal language can contribute to the development of a client’s functional health literacy. For example, when discussing the health consequences of having unprotected sex, a display of condoms and opportunities to open and apply them to a condom demonstration model (later while blindfolded, to simulate the challenge of condom application in the dark) can accompany written and spoken information on their use. Research shows that accessing both visual and verbal sources of information can help comprehension and improve retention of skills (Sadoski & Paivio, 2001).

In a health service setting, functional health literacy can be supported using visual materials including pamphlets, posters, questionnaires, and books on sexual health topics. These materials can provide additional cues for promoting adolescent sexual health. Such material can address topics such as healthy relationships, healthy sexuality, youth relationship violence, safer sex, human sexual response, birth control options, sexual orientation, sexual rights, and information on STIs. For youth to become more independent and develop their critical health literacy, however, they need to know where to seek more information for themselves. Youth-friendly websites can be open on a computer in the waiting area for adolescents to access while waiting.
Pages from appropriate sites can be printed on small cards for teens to take with them (see, for example, www.teenagehealthfreak.org).

Books, sometimes called “young adult problem novels,” also can be available in waiting areas. They provide health issues in story form, and many have adolescent women as main characters. Health care providers can have these books available to lend to patients to develop functional health literacy and also help to open discussion on sometimes difficult topics. Some example novels are *Massive* (Bell, 2002), on eating disorders; *Speak* (Anderson, 2003), on rape; and *The Beckoners* (Mac, 2004) on bullying. Each of these books has a 14- or 15-year-old adolescent woman as the main character and narrator of the story. Novels are particularly effective at portraying the human dimension of health issues and in engaging such clients in communicative/interactive health literacy using both cognitive and emotional responses to health challenges (Begoray, Banister, & Jaswal, 2008). Adolescent women who identify with the main characters can experience a health situation in a risk-free, vicarious context. Reading novels can be followed up with writing on a blog, talking one on one or in a small group, or creating posters based on health topics in the novel to advertise help available in the local community. These activities help develop functional, communicative/interactive, and critical health literacy.

To counter the high level of vulnerability adolescent women may experience in accessing health services, and to foster integrative learning, health care providers also can organize small, safe groups for such clients to discuss sexual and reproductive health concerns (Banister & Begoray, 2004). Programs such as the Manitoba’s (Canada) *It’s Safe to Ask* (Manitoba Health www.safetoask.ca) encourages the use of three critical questions: What is my health problem? What do I need to do? Why do I need to do this? so that clients can evaluate responses and make an informed decision about her/their health, thus developing critical health literacy. Important learning can occur when adolescent women are given the opportunity to talk, listen to, and reflect upon the sexual health behaviors of themselves and their peers. Critical health literacy builds through the development of knowledge, skills, and attitudes by using active learning situations.

**BARRIERS TO ADOLESCENT EMPOWERMENT**

Barriers to adolescent empowerment by health care providers are based on the “availability, accessibility, acceptability and equity of health services” (Tylee et al., 2007, p. 1566). Adolescents also may lack knowledge of what services exist (such as help lines) or what services can offer—such as information about medical coverage or rights for consent and confidentiality (Kefford et al., 2005). Service accessibility and acceptability both can be improved when youth are shown how to access information on health services.
that are available. These are complex issues that will need to be practiced by adolescents to develop their functional health literacy, that is, their ability to operate in everyday health situations. Opportunities for ongoing feedback from community representatives and adolescent clients about issues that influence access to services will help minimize barriers to care. Youth are further able to develop their critical health literacy when they are consulted and able to offer evaluative feedback about service appropriateness.

To avoid creating further barriers, health care providers need to take into account the social, cultural, and psychological context within which adolescent women’s behaviors occur. For example, issues of race, gender, class, and sexual orientation all intersect in developing an effective response to adolescent women’s health concerns; the women themselves can become aware of such influences on their communicative/interactive and critical health literacy. Such issues can create power imbalances in sexual relationships and position many young women in ways that counteract their sexual agency. Adolescent women, therefore, need guidance in developing communicative/interactive skills required to practice “safer sex.” Effective providers can address such issues with adolescents and help them to consider the critical influence of social location on power differentials and health behaviors in sexual relationships (Chabot, Shoveller, Soon, Johnson, & Reade, 2009).

Even though adolescent women may welcome the opportunity to discuss sensitive issues with health care providers and are willing to trust their advice, they tend not to disclose such issues unless prompted (Shoveller, Johnson, Langille, & Mitchell, 2004; Tylee et al., 2007). Health care providers may indeed ask difficult and personal questions in the health interview, proving some adolescent fears to be well founded. These difficult questions should be discussed with adolescent women, and framed as an important component of comprehensive care. The challenge of responding to difficult questions may be alleviated by a chance to think about questions ahead of time. Youth need time and practice to discuss sensitive issues related to their sexual and reproductive health (Shoveller et al.). Such learning will help them to develop their communicative/interactive health literacy.

**DISCUSSION**

Empowering adolescents through health education is indeed a complex task, involving the use of functional, communicative/interactive, and critical health literacy strategies appropriate to meeting their health needs. The use of such strategies goes beyond the risk-factor approach to adolescent sexual health to one that focuses on achieving behavioral and social change in which adolescents work with health care providers to define the issues and determine solutions. To maximize adolescent women’s empowerment, health care providers need to take into account the context within which their health
behaviors occur. Health care providers need to acknowledge that adolescents bring knowledge and abilities to the health setting. Adolescents do not want to be “preached at” (Harmatz, 2004). For them to control their own life choices is important. They wish to have conversations where they are asked about what they think and what they want to know (Fine & McClelland, 2006). They wish to be given information and be allowed to make their own decisions. Adolescents have very specific views about sexual health and definite preferences about sexual health education approaches and ways they might develop their functional, communicative/interactive, and critical health literacy.

Health care providers can play a significant role in empowering adolescent women to learn to make choices that will have a positive impact on their sexual health and future decisions. Sexual health curricula for use with the adolescent population can focus on information, skill building, decision making, and social action to foster integrative learning (Banister & Begoray, 2006) in order to develop all health literacy skills. A basic approach might follow these steps:

1. Choose a health topic (e.g., use of condoms).
2. Integrate functional, communicative/interactive, and critical health literacy. For functional skills, adolescent women need to know, for example, where to get and how to use condoms. For communicative/interactive skills, they need to practice how to discuss condom use with their partner. For critical skills, they need to be able, for example, to organize a meeting with the school principal perhaps to argue that condoms be made available free of charge in the counseling office.
3. Choose one or more learning processes from the list of functional literacy skills: reading, writing, listening, speaking, viewing, and representing for adolescent women to use in learning health literacy skills. In the example above, adolescent women need to practice locating sources for condoms on-line and reading instructions on a box. They also need to role play conversations they may have with partners. Finally, they can be invited to research a topic, write PowerPoint presentations that use print and images, and talk about the topic to adult audiences persuasively.
4. Evaluate outcomes. Adolescent women can be asked to say or write anonymously what they thought they did well and what they need to improve upon. Health care providers can also reflect on the learning processes chosen and consider what else might assist adolescent women to improve their skills.

Such “lessons” need the active involvement of adolescents. Health care providers can adopt the practice of, first, demonstrating the skill; second, guiding adolescents while they practice the skill; and, finally, allowing adolescents to perform on their own. Health care providers might also want to
seek the support of teachers of health education in the schools who have access to materials and health literacy teaching/learning approaches that work effectively with adolescents. Interdisciplinary approaches, where adults and youth work together, can help provide adolescent women with an empowering experience of health education and care. Innovative health literacy strategies can pave the way for effective, collaborative empowerment education efforts that will contribute to healthier adolescents capable of thinking critically and creating changes in their health behaviors.

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