Conference Report

Gender-Sensitive Health Literacy – A Future Concept for Public Health?

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On October 27, 2016, approximately 100 guests attended the conference "Gender-Sensitive Health Literacy – A Future Concept for Public Health?" at the Amélie Thyssen Autitorium in Cologne. The event was co-hosted by **ceres**, the Cologne Center for Ethics, Rights, Economics, and Social Sciences of Health of the University of Cologne, the Vice Dean's Office of Academic Development and Gender of the Medical Faculty of the University of Cologne, and the Department of Medical Psychology | Neuropsychology and Gender Studies of the University Hospital Cologne. Internationally renowned experts of science, health policy, medicine and society highlighted existing challenges regarding gender equality, health literacy and healthcare provision, and discussed solutions for the future development of a gender-sensitive and fair health care system.

Welcome and Introduction

Prof. Dr. Christiane Woopen, Vice Dean of Academic Development and Gender and Executive Director of ceres, University of Cologne, as well as Prof. Dr. Elke Kalbe, Head of Department of Medical Psychology and Gender Studies of the University Hospital Cologne, welcomed the participants and gave an introduction to the conference and its topic. Prof. Woopen highlighted gender and health literacy as important issues, being compiled for the very first time in a dedicated conference. As it is known that gender aspects have an inevitable impact on medical research and care, she raised the question whether these differences may well pose a case of gender discrimination.

From a psychological point of view, Prof. Kalbe pointed out the importance to understand the process of how the individual develops health literacy – in order to develop interventions to improve health literacy efficiently.

Session 1: Health Literacy and Gender Medicine – Conceptial Foundations

The Integrative Concept of Health Literacy

Kristine Sørensen, PhD, from the Global Health Literacy Academy in the Netherlands, introduced the integrative concept of health literacy. She demonstrated the complexity of this concept by presenting no less than 48 categories and 17 different definitions of health literacy. Mrs. Sørensen explained that health literacy is closely linked to literacy, and entails peoples' knowledge, motivation and competency to access, understand, appraise and apply information, to form judgement and take decisions in everyday life, in terms of healthcare, disease prevention and health promotion, in order to maintain and improve quality of life during the life course. With regard to the goal of optimizing health and reducing inequalities, the individual and the systemic perspective are to be distinguished. Conceptualizing and measuring health literacy includes to consider all these aspects. Sørensen introduced the European Health Literacy Survey (HLS-EU) providing data from eight countries including Germany (State of North

Rhine Westphalia). The survey illustrates that 35.3 % of the German population have a problematic and another 11 % an inadequate health literacy. Mrs. Sørensen pointed out that health literacy is a challenge of public health which must be considered in future health care planning. Gender and sex, often in interaction with socioeconomic circumstances, influence exposure to health risks, access to health information and services, health outcomes and the social and economic consequences of problematic health. Sørensen considers it crucial to recognize the root causes of gender inequalities in health when designing health system responses, and health promotion as well as disease prevention need to address these differences. The open discussion with the audience brought up important points regarding the category of "inadequate" health literacy which should be used very carefully because of the problematic classification and the normative character. From a relativistic point of view, it is always a context-dependent expression. Furthermore Sørensen pointed out the fact that, so far, the special needs of intersex and transgender people have not yet been included into the concept of health literacy.

A Focus on Men's Health

Prof. John Oliffe, PhD, RN, Founder and Lead Investigator on Men's Health Research from the University of British Columbia in Canada, pointed out that men´s health history has been significantly characterized by a deficit-oriented view with the focus on what men do not do for their healthcare. He cited support groups as a good example to promote men´s health literacy. Oliffe explained that men's health literacy is deeply intertwined with human and social relationships. Men's health literacy was specifically hindered by communication issues, especially regarding illnesses and diseases like prostate cancer. He sees the challenge in an effort to increase the communicative interaction and to free the conception of health literacy from their connotation of "illness". Furthermore, he points out that it is important to "pick the men up where they are" and to address them in a familiar language. In general, he sees gender-sensitive measures for suicide and depression to be still under-developed.
Prof. Oliffe explained that valuable baseline data to measure change in health literacy levels are missing. The study "Men's depression and suicide literacy: a nationally representative Canadian survey" indicates that men are diagnosed with depression at half the rate of women, but on the other hand, the male suicide rate is 3–4 times higher. Central to this survey was the stigmatization of the diagnosis "depression" amongst male patients.
In Oliffe´s opinion, the current concept of masculinity should be considered as transformative and also shifting from generation to generation. The plurality of the idea of "masculinities" opens more categories of gender than male and female.

Session 2: Gender-Sensitive Health Literacy – From the Individual to System Level

Gender Differences in Health – The Facts

Dr. Ute Seeland, junior scientist and academic advisor at the Charité-University Medicine Berlin, Institute of Gender in Medicine (GIM), gave an overview about the biological aspects regarding sex and gender, using examples from experimental research with mice. Dr. Seeland explained the fundamental role of the SRY-Gene (sex determining region of the Y-Gene) in determining biological sex. Their study group manipulated the genotype of mice with XX-chromosomes to include the SRY-gene and indicated that the SRY-gene and not the Y-chromosome determines the male biology. Mice lacking the SRY-gene turned out to be biologically female.
Furthermore, Dr. Seeland talked about epigenetic programming and how DNA methylation can affect gene expression and work as a link between nature or the environment and the human genome and health. Epigenetic mechanisms have an effect on prenatal development of a child, contribute to cancer as well as neurological disorders. A potential prevention might rely on epigenetic biomarkers, which is currently under research for both male and female patients.

Gender-Sensitive Health Information – From Understanding to Applying

Prof. Dr. Eva-Maria Bitzer, Head of the Academic Section Public Health Education and Health Education, Pedagogic University Freiburg, Germany, focused on how to build health literacy and foster behavior change. Theories and models of health behavior and its change were discussed, while pointing out that learners acquire competence through experience (Bitzer & Spörhase 2016). According to Konrad Lorenz, there are certain “obstacles on the way from understanding to applying” which need to be considered. Bitzer explained how patient education programs can be successful, citing an example of asthma education, also presenting a study of Ingrid Torjesen (2014) which concludes that “two thirds of deaths from asthma are preventable”.

Quality Requirements of Health Information – Do They Consider Gender-Sensitive Aspects?

Prof. Dr. Sylvia Sänger, Head of the Academic Section Health Science, SRH University of Applied Sciences, Gera, Germany, discussed whether quality requirements on health information include gender-sensitive aspects. She elucidated which criteria are needed for good health information and showed instruments and procedures for quality assessment. She concluded that, as of today, tools to increase the quality of health information and medical websites, as well as tools for the development of patient guidelines do not sufficiently consider clearly defined gender-aspects. These must however be included because women are in need of different information on the same topics than men are, not only concerning gender specific issues but also considering that even another wording may be es-

sential, raising the question whether Good Clinical Practice – “GCP“ for clinical studies should consider these aspects and modify their information material and their approach depending on the sex of the test subjects.

Gender-Sensitive Education in Health Literacy – A Targeted Approach for Healthcare Planners in Developing Counties

Prof. Cristine Smith, EdD, Department of Educational Policy, Research and Administration, University of Massachusetts Amherst, USA, gave examples of improving women’s health in developing countries. She stated that in every country in which the literacy rate in men is higher than in women, there are issues in women’s health (literacy). In Afghanistan and Swaziland, women have a lower life expectancy than men, making the human rights situation for women in developmental countries pointing to an alarming outcome: The lack of economic autonomy keeps women captured in domestic violent relationships and unreasonable life circumstances.

Prof. Smith conveyed different aspects contributing to women’s health in developing countries, including gender-specific health problems like domestic violence, female genital mutilation, and pregnancy-related death. Furthermore, various social or cultural factors perpetuate women’s dependency and non-sufficient health circumstances, e.g. restrictive social norms and beliefs, poverty, early marriage and limited schooling as well as poor education in general. On the other hand, Smith presented impressive examples on how to assess, improve and counteract these difficulties by dividing health literacy into several subcategories including financial literacy, education and literacy regarding health information. With an increased health literacy, women in Nepal, Afghanistan and Swaziland became more self-empowered. They used money for health care, supported other women, improved their household status and felt encouraged to demand care. Smith reported about women who were founding support groups to achieve financial independence, enabling them to care for themselves and their families’ health. These women became more powerful than they had ever been before by having their own financial support group to get loans from, transcending the restrictions from which they had been suffering.

Session 3: Research on Gender Sensitive Health Literacy

Approaching Gender Sensitive Health Literacy in Public Health

Prof. Abel, Deputy Director of the Institute of Social and Preventive Medicine from the University Bern in Switzerland, pointed out that empirical data and the association between gender and health literacy are utterly inconsistent. He determined that four out of eight countries in the Health Literacy Europe Survey show no major gender differences and that cultural differences are more important than gender differences in measuring health literacy. Therefore, it is important to understand the specific terms of gender for the measurement. This, in turn, can only be obtained by a theory that defines and measures health literacy within the context of environment, social theory and social class.

So far, only a few research programs in public health have followed up with health literacy including structured schemata and resources on social structure rules, social inequity and gender inequity. Abel raised the question how to place gender issues into this schemata.
Health literacy is a part of an agency process, while the compensation of health and gender inequalities is an important part of those dynamics. Therefore, health literacy tools with a gender distinction are needed, since women need other tools than men do for increasing their health literacy. Abel pointed out that gender and class intersectionality influence health literacy on an individual level. He also showed that health literacy remains mostly a subject for the middle and upper classes by which it was developed – but there is no research on lower classes so far. He argued that health literacy must therefore be handled cautiously since it does not offset social inequalities, making it important to consider different perspectives on individual human beings because of diverse backgrounds and the varying codification of health literacy in gender stereotypes.

Health Services Research for Gender Sensitive Health Literacy on the System Level

Prof. Osborne, Chair of Public Health and Head of Health Systems Improvement Unit Centre for Population Health Research at Deakin University in Australia, posed the question how people who currently fail to engage in health literacy because of difficulties on decision making-processes can be reached by different communities. Osborne argued that the most considerable changes in health equity will not come through individual-level programs, but through a careful mix of individual health literacy and community capacity in health literacy. He explained the importance of interventions being tailored, i.e. „fit-for-purpose“ (www.intervention mapping.com).
Prof. Osborne also pointed out that the understanding of health literacy varies by countries. There is also a difference in what patients really understand when it comes to health. Thus, he sees a need to develop systems and interventions to make healthcare fairer, feasible and workable, pertaining to women in particular because they are key seekers and disseminators of health information and the primary care givers in 80 % of family health decisions.
Osborne presented "The Health Literacy Questionnaire" (HLQ) which contains nine separate questionnaires to fully capture the broad concept, covering the need for new health literacy measurement tools. HLQ is addressed at solving problems to assess and meet the needs of those who do not access or benefit from existing services and approaches as much as others. It is deeply linked to the concept of equity and the idea that not everyone has the same needs, and that effective approaches are not the same for everyone.

Conclusion

Prof. Kalbe and Prof. Woopen summarized in their closing remarks that the conference showed a lot of complexity and dynamics, underlining the need for continued discussion and research on the currently unveiling and promising questions of the broad field of health literacy. As a result, the conference showed that there is no single definition of health literacy whereas there are a lot of “health literacies” and a broad spectrum of influencing factors on the individual and institutional level. Further research need to elucidate on gender-specific aspects and their relationship to other determining factors.

Also, it was concluded that while the term ‘gender’ in medicine often refers to binary rigid categories, the concept of gender is broad, underlining the need to consider this aspect in any upcoming research. In addition to explore sex-related aspects, possibilities to measure gender (varieties of masculinity and femininity) should be considered.

It also became clear that the current wording used in research and discourse in regard to HL needs critical reviewing, e.g. categories of “adequate/inadequate” health literacy. The acknowledgment of context and setting could be improved in this field. This might also imply a need for continuously reflected instruments to measure health literacy in any of its aspects. In addition, psychological issues in gender and health literacy have so far been neglected and need further research. Gender effects also depend on other categories like social demographic backgrounds but for focusing on a good and fulfilled life, gender literacy embodies an important contribution.

The conference has shown that in the field of medicine first steps to address sex- and gender-related aspects are taken, still, knowledge from social sciences, especially fom gender studies, need to be considered in more depth. However, a growing interest and further development is to be expected. Finally, the conference also was an important starting point for further collaborations and scientific projects concerning issues in “Gender Sensitive Health Literacy”. Therefore a follow-up meeting with the speakers and other experts on gender and health literacy took place the next day where the results of the conference and areas for future research were reflected.

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