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Relationship between Health Literacy and Quality of Life of University Students of Two Different Geographic Regions in India

Aparna Deb[1], Gurjeet Kaur Chawla[2]
[1] *Student,* [2] *Associate Professor, Department of Nutrition and Dietetics, Manav Rachna International Institute of Research and Studies, Faridabad, Haryana*

Abstract: ***The cognitive and social skill that determines the activity of individual which leads to define motivation, to gain access to understand and usage of information in such a way that it helps in promoting and maintaining good health is known as health literacy. Health literacy is crucial to empowerment by improving people's access to information regarding health and effectively using their content. The quality of life (QOL) is referred to individual's ability to perform physical, social and psychological functions and as well as how individuals are subjectively assess their own well being. It acts as an indicator of living status and health. Low health literacy has shown association with poor health outcomes such as poor health condition and reduced quality of life as well as self efficacy. Quality of Life is generally linked with the health literacy of individuals. The younger generation that is the youth sometimes lack to attain proper knowledge and mislead themselves to the wrong path of leading a healthy life which generally reduces the quality of their life.***
Keywords: Health literacy, Quality of life, Relationship

I. INTRODUCTION

Health literacy is determined as the "cognitive and social skills" that persuade the activity of the individual to motivation and to gain access to understand and use information in such ways to promote and maintain good health is defined as health literacy. It is more than being able to read pamphlets and make appointment successfully. Health literacy is critical to empowerment by improving people's access to information regarding health and effectively using their capacity.[1]

It goes beyond a narrow concept of individual behavior-oriented communication, political and social factors, health education and to address the environmental factors that determine health. Comprehensive understanding which aims to influence not only individual lifestyle decision but also raises awareness on the determinants of health and encourages collective and individual actions which leads to modification of health is called health education. Health education is followed by health literacy which leads to social and personal benefit like enabling effective communication action and by contributing to the development of social capital.[2]

The issue of power and how power relation affects the access to the information and its use and also has been seen in the case of promoting women's sexual and reproductive health. Empowerment is promoted by "health literacy" which is essential to achieve the internationally agreed health and development goals as well as the threats to emerging pandemic influenza, non communicable diseases and climate change.[3]

Low literacy has been linked to poor health outcomes including increased rates of hospitalization and decreased use of preventive services. Both being associated with higher healthcare costs. Patients with limited health literacy skills are more likely to have chronic conditions and are less able to manage them effectively. They are also more likely to report their health as poor.[4]

Quality of life (QOL) refers to individual's ability to perform physical, social and psychological functions and as well as how individuals subjectively assess their individual wellness.[5] It acts as an indicator of living status and health. Quality of life has a multidimensional concept and connotation and can fully reflect individual's overall health status by mapping four parameters: physical parameter, mental parameter, social parameter and psychological parameters of health.[6]

Evaluation of health status and health resources mainly uses quality of life and its parameters and used as an aspect of compelling factors and health intervention measures, which have greater stability and sensitivity.[7]

Quality of life helps to determine the burden of preventable disease, injuries, and disabilities, and can provide valuable new insights into the relationships between quality of life and risk factors. It also helps to monitor the progress in achieving the nation's health objectives.[8]

Quality of life is related to inadequate health literacy and which often has correlation with poor health education, poor health status, low level of self efficacy and increased mortality and morbidity.[9] health literacy and quality of life are important concepts in health care, the link between them is unclear, especially for a population of frequent users of health care services with chronic diseases. Deficient health literacy is a common problem that has been related to numerous negative health outcomes. Quality of life is an important health outcome. Frequent users of health care services are a vulnerable population that deserves attention due to high costs and negative outcomes such as lower quality of life and higher mortality.[10]

There is different level of health literacy in different geographical regions. Every state and every region in this country has a different cultural beliefs and eating patterns which affects their health and therefore determines their health status which affects their Quality of Life (QOL).

II. METHODOLOGY

200 samples were selected randomly from each university, 100 of Manav Rachna International Institute of Research and Studies from the northern region and 100 subjects of Assam University from the northeastern region. Data collection was done through interview method and standardized questionnaire was used for the collection of data. Statistical analysis was done through SPSS statistical software and then results were complied later on.

III. RESULTS

The study revealed that the health literacy rate differs from one region to another Even ion one country different regions had different levels of health literacy as for the northern region (2.09±0.4)and northeastern region (2.06±0.31) had affects on the quality of life of the students of MRIIRS (3.8±1.6) and AU (3.5±0.16). there was high correlation between the two factors as the significance factor obtained from the statistical analysis is less than 0.05 which suggest that it is highly significant.

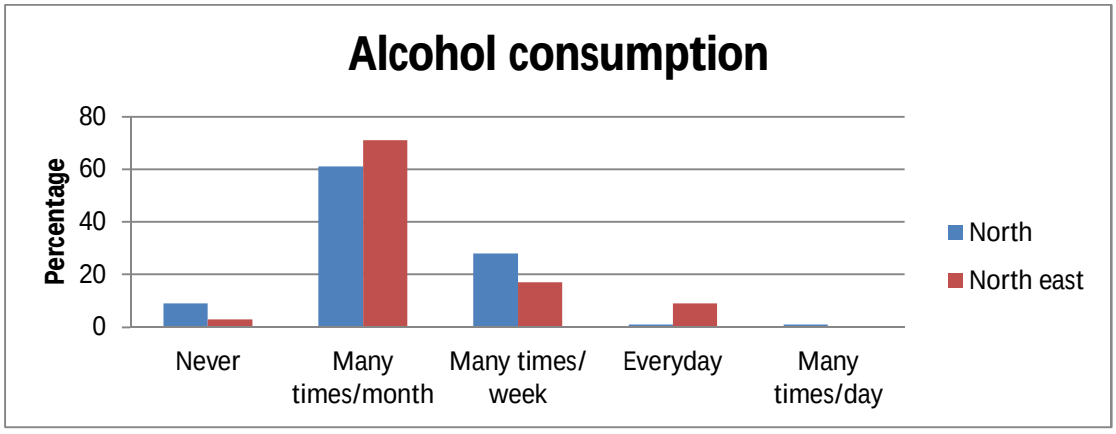

Fig.1 Graphical representation of the samples according to their alcohol consumption pattern

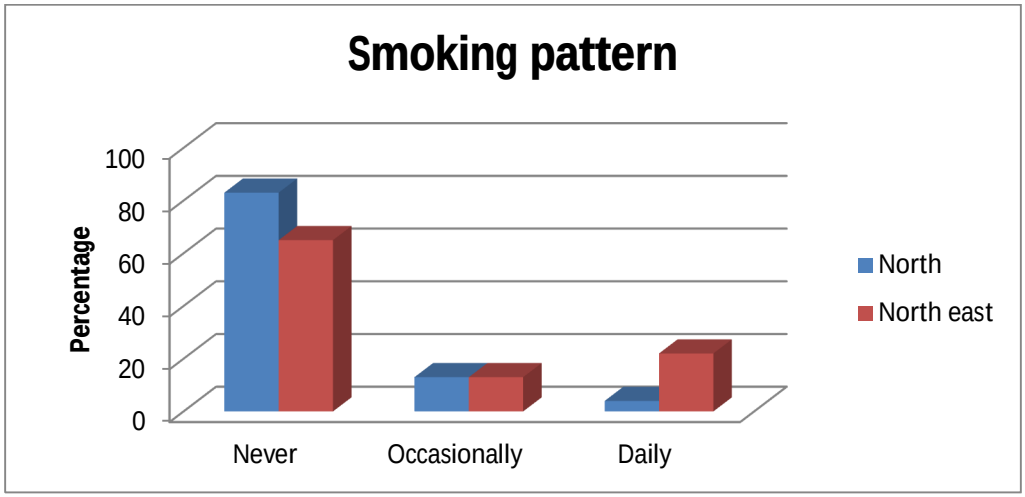

Fig. 2 Graphical representation of the samples according to their smoking pattern

IV. CONCLUSION

It is seen that there is a difference between the activity and lifestyle pattern of the students of north and northeastern region which affects their "quality of life" eventually. Smoking pattern differs vastly. It is seen that the students of the northeastern region indulge themselves into smoking and alcohol consumption on regular basis whilst it is not that prominent on regular basis in the northern region. It is also seen that there is a vast difference in the consumption pattern of the students of the north and northeastern region which eventually affects their quality of life. The consumption pattern of various foods items of different food groups also varied distinctively in both the region.

In conclusion it is seen that there is no such varied difference between the health literacy of the university students of the northern region as compared to the health literacy of the students of the northeastern region. The quality of life of the students of the northeastern region is a little lower than the students of the northern region because there is a lot of difference in the consumption, lifestyle and physical activity pattern of the students of the two different regions and hence it is reflected in their quality of life.

The quality of life the students of the northern region is better than those of the northeastern region because of the exposure level of the students in the northern region is higher than that of the students of the northeastern region which affects their quality of life as well.

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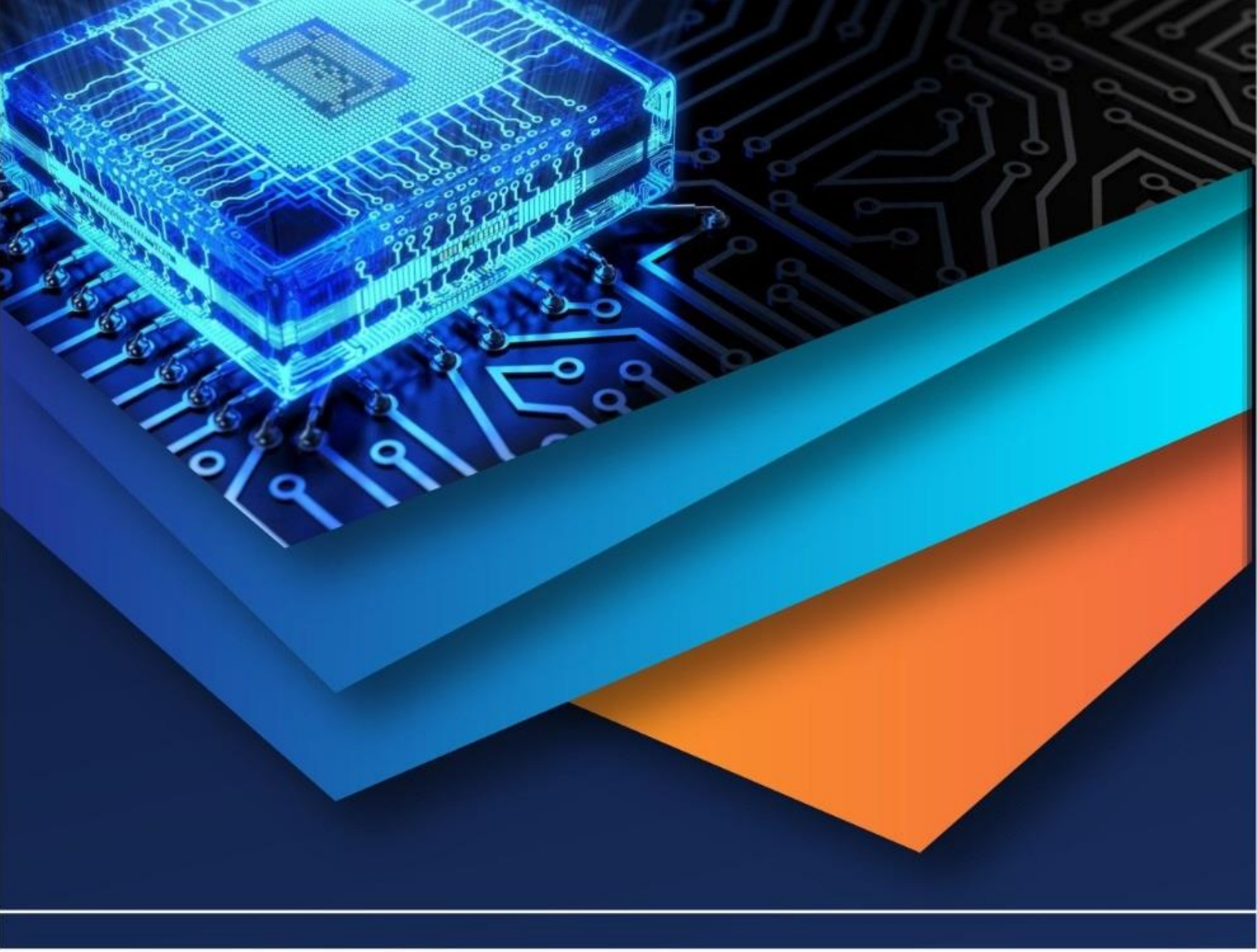

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