

9th Global Conference on Health Promotion: Shanghai 21-24 November 2016

Parallel Session # 29 - ***Maternal, newborn, child health and reproductive health: How can health literacy accelerate the pace of progress? (24 November 2016)***

Fifteen-minute talk given by Dr Myint Htwe, Union Minister for Health and Sports, Myanmar.

Role of HL for SDG 3 : Good health and well being (directly)

Role of HL for SDG 2.2 : Improved nutrition (indirectly)

Role of HL for SDG 5 : Gender equality, empower all women and girls (indirectly)

Role of HL for SDG 10 : Reduced inequality

To achieve the above goals or not in the context of accelerating the pace of progress in maternal, newborn, child health and reproductive health depends on to what extent women can acquire HL in various aspects especially factors and background scenarios causing maternal morbidity and mortality, good reproductive health and having healthy children.

Then, women can make right decisions in terms of achieving healthy living, successful deliveries and healthy children along the path of their reproductive period as well as for the care of their children. This is the best investment a woman can make from the perspective of having long term dividend.

Therefore, it is also the inherent duties of health staff to promote HL among women of reproductive age through application of various means and avenues. It is the best investment that health staff can offer to women of reproductive period.

Health Literacy (HL): The importance of HL is more noticeable in developing than in developed countries.

1. The level of HL is generally low in many parts of the developing countries and especially more so in rural, remote and underserved border areas where many mothers and adolescent girls have less ideas or knowledge about the following issues.
 - (i) risks of pregnancy and child birth together with benefits of institutional deliveries,
 - (ii) early warning signs and symptoms of high risk pregnancy and child birth,
 - (iii) benefit of taking full antenatal care (3 to 4 times and their appropriate timing) during the pregnancy,
 - (iv) benefit of birth spacing / family planning,
 - (v) benefit of immunization for vaccine preventable diseases and right time for immunization for their children,
 - (vi) importance of health care of early childhood and early childhood behavior development: i.e., early childhood psychology;
 - (vii) importance of nutrition for healthy brain development, especially from cognitive perspective, etc.
 - (viii) commonly occurred communicable diseases and their mode of spread and ways of preventing them, (e.g., measles spread and dehydration due to diarrhea: these are life threatening conditions and are easily preventable)
2. As we all know, HL is the acquisition of knowledge of the above issues, understanding and the practice of it. HL is ability of individuals to *“gain access to, understand and use information in ways which promote and maintain good health” for themselves, their children, families and communities.*
3. In a nuts shell, HL covers (acquirement of health knowledge + understand + use of it to improve health related aspects)
4. Health staff generally take it for granted that once they give HE talk, their duty is finished. This should not be the case.

5. We are trying to emphasize more on understanding and use of it. Therefore, in the MoHS, we are currently doing holistic review of all the health education materials which have been used in our country for many years in terms of:
 - a. whether they are easily understandable,
 - b. whether we are giving the right or key or strategic information,
 - c. whether there is any information overload from the perspectives of the recipient population,
 - d. whether they have reached the intended population,
 - e. after some time: checking any change in health behavior by different segments of the population in the right or intended direction or practicing healthy behavior, (monitoring of HL) must be done by conducting implementation research.
 - f. the purpose is to know whether we are applying the right educational methods,
 - g. whether our health education officers and basic health services workers really know and practice dissemination and appropriate explanation of health education materials as a serious matter,
 - h. overall effectiveness of use of health education materials in different groups of ethnic population (we have many ethnic groups)
6. HL is not just a personal resource for the population, but I should say that it is the right of an individual and also the duty of staff of MoHS or DoH to make it happen. The high level of HL in a community serve somewhat like a peer pressure on the behavior of the population at large to further increase the level of HL in the community. (analogy is herd immunity)
7. The whole gamut of diseases and conditions affecting them (mothers, adolescent and children) as well as their newborn will be less if their level of HL is high. (indirectly proportional)
8. Who can make it happen? BHS workers, CBOs, local NGOs, and Ethnic group organizations are key players in this endeavor of

increasing the HL in a community together with media professionals. MoHS alone cannot do all these in view of finite number of staff available in MoHS. In other words, we are intensifying and strategizing active involvement of all the entities.

Approaches being applied being used in Myanmar:

- Interactive educational talks by BHS workers especially working in Rural Health Centers and sub-centers, supported by health educational posters and pamphlets produced by MoHS.
- Intensified Community Health Clinics (currently it is about 2,000) located in Rural Health centers all over the country. HL improvement activities are being fielded and expanded and this programme is monitored carefully and is now being evaluated for increasing its effectiveness and efficiency. We hope that by increasing the cohort of HL acquired population, we can reduce the number of patients coming to the hospitals as well as reducing the number of patients coming to the hospitals with late stages of diseases.
- In school curriculum and school health programme (primary, middle, high)
- Promoting the role of General Practitioners, CBO, local NGOs, local ethnic organizations are crucial and we are promoting it.
- In our upcoming and newly developed National Health Plan - 2017 to 2021 (currently being formulated), the role of promoting HL has been given top most priority.
- School health is one area which we will intensify incorporating HL.

Conclusion: Fully confident that we will achieve SDG and we will be on track if we promote HL to women and adolescent girls along our path to UHC.

Thank you very much