

Investigating Literacy and Health Literacy in Nigerian Prisons

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Abstract: *Communication is the process of sharing ideas, information, and messages with others. Communication is a core skill needed by individuals and inmates to eliminate the array of communication difficulties such as poor oral communication and written communication. This paper examines the level of communication skills, literacy and health literacy of inmates in Nigerian Prisons. A cross sectional survey and in-depth interviews of 504 inmates and 21 hospital escorts were used in the study, in order to provide the requisite data and information from respondents for this paper. Questionnaire on communication skills, literacy and health literacy were administered on some selected inmates in seven prisons in South-West Nigeria. The researcher used a descriptive research design of survey type that enables the researcher to describe the current situation of the inmates on communication skills, literacy and health literacy. Four research questions were raised to guide the investigation. Findings from the data analysed revealed that there is inadequate health condition in the prisons, and health literacy of inmates is inadequate. Literacy levels of inmates are very low. Poor health literacy is common among elderly inmates.*

Keywords: *Communication skills, Literacy, Health literacy, Inmates, Prisons, Hospital escort.*

1. INTRODUCTION

Communication is the process of sharing ideas, information, and messages with one another. It involves one- to-one communication. Communication is a core skill needed by individuals and inmates to eliminate the array of communication difficulties such as poor oral communication and written communication (JAMA1999). Oral communication requires a speaker and a listener. Oral communication is most effective when the sender has good speaking skills and the receiver has good listening skills. Written communication is usually coded by the speaker. According to Oyinloye (2007), every individual is involved in one form of communication process or the other. He said an individual must aspire to use language very effectively when sending or receiving information. The judicious use of appropriate word to express ideas of the sender in clear terms will go a long way to influence how the receiver interprets and reacts to the message (Oyinloye2007). Effective communication is essential for conversation. Effective communication consists of communication skills. The communication skills: listening, speaking, reading and writing are the basic language skills needed for efficient level of communication. According to Kiah (2009), the four elements of language are listening, speaking, reading and writing with listening heading the list of these skills. Before a child speaks, he or she listens, unless there is a biological impairment (Kiah 2009) Although, four communication skills are mentioned, only three that is, listening, reading and speaking would be addressed in this paper. According to Camp & Satterwhite (1998), listening is one of primary means of receiving information. Though, most people hear but do not really listen and this has resulted to fading of information. Listening is made up of model with four components. The listening model components are hearing, listening, interpreting and retaining. Hearing is one of the listening models. Hearing demonstrates the physical ability to perceive sounds. Hearing is a physiological process involving the vibration of sound waves on our eardrums and the firing of electrochemical impulses from the inner ear to the central auditory system of the brain (Hayes & Popelka1992). Listening involves paying close attention to and making sense of what we hear. Listening is act of filtering out distractions to allow individuals to comprehend the meaning of sounds. Interpreting is a mental function whereby the individuals analyze the sounds that have been comprehended and then relate what have been heard to information or experience that one is familiar with and the fourth component

of listening model is the retaining which is the act of remembering the interpreted sounds for later use (Camp & Satterwhite 1998).

Education according to UNESCO (2006) is a human right and a public good. UNESCO Institute for Lifelong Learning (2006) said that nevertheless literacy remains a low priority for national government and the donor community. Worldwide, 774 million adults are illiterate and approximately 80 million children are out of school. A large number of those who enroll drop out before attaining literacy skills and some of those who complete primary education remain illiterate. According to UNESCO (2007) most young people who complete school without adequate literacy remain illiterate. They need basic skills in reading, writing and numeracy to have access to information about health, environment, education, the world of work and most importantly to learn how to learn throughout life. It is of note that these basic skills are also needed to enhance their livelihoods and practice healthy lifestyles. There is definite definition or well accepted definition but over 110 countries have used UNESCO's simple definition that "a person is literate, who can both read and write a short simple statement on his everyday life" UNESCO suggests that a person is functionally literate when he has acquired the knowledge and skills in reading and writing, which enables him to engage effectively in all those activities in which literacy is normally assumed in his culture or group (UNESCO 1970). Literacy is defined as the ability to read and write at a particular level of proficiency (Tenibiaje & Owuamanam 2010). According to Graff (2009), literacy is considered to be ability to read and write at a designated level of proficiency. In other words, literacy is more precisely defined as technical capacity to decode or reproduce written or printed signs. Literacy is crucial to the acquisition of essential life skills that enable individual to address the challenges they can face in life and represents an essential step in basic education which is an indispensable means for effective participation in the societies and economics of the twenty first century. Brammer (2002) also referred to literacy as linguistic cultural capital and talks about the constant change that permeates cultural literacy of our current society. Generally, literacy includes reading and listening ability, numeracy, speaking ability, negotiating skills, critical thinking and judgement. Literacy is central to acquisition of skills and knowledge which affect productivity, governance and relationship; it is a crucial factor in economics, social, political and all spheres of development, thus a criterion in determining whether a nation is to be categorized as developed or not (Bulya 2011). Literacy is a prerequisite for most forms of learning or skills. Literacy skills are so important in everyday life. Literacy skills are needed to achieve high or adequate literacy for better understanding of information supplied through various means like on-line information, instructional information.

The relationship between literacy and health is so complex; yet, literacy has impact on health knowledge, health status and access to health services. According to Literacy BC (1999) literacy is a key determinant of health. Also literacy has impact on income level, occupation, education, housing and access to medical care.

Health is the quality of life, resulting from the total functioning of the individual in his environment that empowers him to achieve a personally satisfying and socially useful life (Johns, Sutton and Cooley 1970). According to Udoh and Ajala (2001) health is that state or quality which enables an individual to face up to crisis, carry out his daily responsibility efficiently and relate to other persons effectively. Health is not just about avoiding disease, it is also about physical, mental and social well-being. Health is of paramount importance to every living being. Survival and long life are products of good health (WHO 1999). Great numbers of people are suffering from health-related problems such as stress, heart attacks, cancer, high blood pressure, strokes and others which may eventually lead to death of men and women of unripe ages between 35 and 45 after a protracted or brief illness, (Weiss, Reed & Kligman 1995) It is very important for individual to be healthy and has healthy life style, which is a way of living that tries to lower the risk of being seriously ill or dying early. Large proportion of deaths can be avoided while some diseases can be prevented through healthy life style. Healthy living means making good choices in areas of choosing healthy food, getting regular activity or exercise, managing stress and have a healthy life styles. Alabi (2009) has this to say that man covets and has a quest for a long healthy life, but there is only one way of achieving this. This can only be achieved through awareness or literacy. The living condition of the inmates in some prisons is nothing to write home about. Prisons in Nigeria are so congested while clothing and meals given to the inmates are bad. Medical services are not adequate in nearly all the prisons sampled or investigated. Literacy plays

a major role in the life styles of individuals, and low literacy may serve as barrier that limits people's opportunity, resources, control over their lives and ability to make informed choices. A study in senior citizens public assistance housing complexes found that subjects with the poorest literacy skills reported greater difficulty in understanding information given to them by health care providers. (Spandor, Karas, Hughes & Caputo 1995) Inability to comprehend instruction given by doctors through the pharmacists to patients on the usage of drugs is referred to as health literacy. Simple instructions, that patient should take medicine orally, or on an empty stomach or three times daily are daunting to many low-literate patients. It is not uncommon among inmates' patients with low-literacy skills; they do not understand the content, detail or significance of their diagnoses and hospital discharge instructions are often too complex for low-literate patients(Weiss, Reed& Kligman1995) Reviews on patients in Journal of Physicians emphasized that low literacy adversely has impact on cancer incidence, mortality and quality of life .Also, JAMA (2002) reported that inadequate health literacy is independently associated with worse glycemic control and higher rates of retinopathy. JAMA (2002) testified that inadequate health literacy may contribute to the disproportionate burden of diabetes- related problems among disadvantaged populations. William (1998) opined that inadequate literacy was common and strongly correlated with poorer knowledge of asthma and improper metered-dose inhaler (MD) use. According to him, more than half of patients reading are at sixth-grade level or less. Report had it that they go to the Emergency Department when they have an attack compared with less than a third of literacy patients .Less than one third of patients with the poorest reading skills knew they should see a physician when their asthma was not symptomatic as compared with 90% of literate patients. Low literacy skills are common among Nigerian populace which made compliance with usage of drugs difficult since instructions are not easily adhered to, wrong dosage is another case-in-point to low literacy skills of Nigerians. Low-literacy skills are also common among the inmates in Nigeria. Tenibiaje (2012) reported that 93.52 % of the inmates could not operate computer system talk less of having access to inter-net for health information. Another research conducted on literacy remediation for inmates by Tenibiaje &Owuamanam (2010) showed that 54% could neither read nor write in vernacular or English language. Literacy BC (1999) emphasized that low literacy, poverty and health problems are interrelated. Low literacy affects access to health information, people with low literacy may have trouble with reading and understanding health information unless it is clearly presented and directly linked to their realities. Also, according to Mayeaux, Murphy, Davis, Arnold, Jackson &Sentell(1996) people with low literacy may not know about the services available to them.

Health Literacy was first used in health education some years ago. In1998, Pfizer U.S held its first annual Conference on Health Literacy while the Institute for Health and Advancement in the U.S held first annual Conference on Health Literacy in 2001. An Ad Hoc Committee of the American Medical Association defined functional health literacy as "the ability to read and comprehend prescription drug bottles, appointment slip and other essential health-related materials required to successively function as a patients. Health Literacy is defined as the degree to which individuals have the degree to obtain, process and understand basic health information and services needed to make appropriate health decisions (Selden, Zorn, Ratzan & Parker2000) Health literacy is not simply the ability to read, it requires a complex group of reading, listening, analytical and decision-making skills and the ability to apply these skills to health situations. Also, health literacy entails the ability to understand instructions on prescription drug bottles, appointment slips, medical education, brochures, doctor's decisions, consent form and the ability to negotiate complex health care system. In the report submitted by the Health People in 2010, health people identified health literacy as an importance component of health communication, medicine product safety and oral health. However, WHO (1998) glossary of health promotion terms described Health Literacy as "the cognitive and social skills which determine the motivation and ability of individuals to gain access to understand and use information in ways which promote and maintain good health. In addition to WHO (1998) glossary, health literacy meant more than being able to read pamphlets and successfully make appointments. Apart from communication skills and literacy, behaviour is another factor which can affect the health of an individual. There is close link between a person's behaviour and his health, in other word, a change in one will create a change in other. Research shows that changing individual health behaviour can reduce risk factors and reduce the likelihood of developing certain diseases. According to Schillinger (2005), individuals have different motivation for changing their behaviour, the actions that they are taking

to change their health behaviour depends on adequate knowledge which increases adequate health literacy. Research shows that physical inactivity and unhealthy eating are factors that increase a person's risk of developing the most common chronic diseases as well as smoking, alcohol and other drugs (Canadian Public Health Association 2006). Scientific studies have identified certain types of behaviour that contribute to the development of non communicable diseases and early death. When a healthy lifestyle is adopted a more positive role model is adopted a more positive role model is provided for other people in the family particularly children (WHO 1999). According to Chiarelli (2006) everyone has different interests or motivation for changing their behaviour. People move through different stages of change which lead to taking action to improve their health. These stages of change can only be influenced through high health literacy. High health literacy will provide access to health information that is well understood, clear, meaningful high and strong knowledge to the individuals that motivate to change. However, low health literacy will prevent information or limited information which makes healthy choice limited.

2. STATEMENT OF THE PROBLEM

Honorary Ambassador for the United Nations literacy Decade in his message to UNESCO (2007) said that every Nation should make literacy the birth right to every person. According to him literacy is a significant first step toward building a better life. The living condition of the inmates in the Prisons is nothing to write home about. The cells in Prisons where the inmates live are so congested clothing and meals given to them are so bad. This has resulted to health problems in the prisons. Health problems have been identified as one of the problems which the inmates encountered in the prisons. Health is a quality of life, as an achievement of personally satisfying life, as an achievement of socially useful life. Though, nearly every individual is facing health problems, but that of inmates are peculiar. The health problems are presumed to be associated to lack of communication skills or communication difficulties, literacy and health literacy. The study is expected to examine the level of communication skills, literacy and health literacy of inmates in South-West Prisons in Nigeria. The basic problem of this study, therefore, to investigate the impact of communication skills, literacy and health literacy of inmates on their health. In addressing this, the following research questions were raised.

3. RESEARCH QUESTIONS

Based on the statement of the problem discussed, the following research questions were generated for the study.

- What is the literacy status of the inmates in South-West Prisons in Nigeria?
- What is the literacy skills level of inmates in South-West Prisons in Nigeria?
- What is the standard of living condition of inmates in Prisons in Nigeria?
- Do communication skills and literacy have impact on health literacy of inmates?

4. PURPOSE OF THE STUDY

The purpose of this study is to highlight the state of illiteracy in Nigerian Prisons which has affected the communication level or interaction level of inmates with the block officers, yard officers, administrative officers, perimeter security officers, nurses, doctors and other people connected with these inmates. Also the purpose of this study was to intensify effort in reducing health literacy through communication skills and literacy among inmates in various prisons in Nigeria in particular and Africa in general. Solution needs to be sought on literacy among inmates.

5. METHODOLOGY

5.1. Research Design

The research design adopted was descriptive survey. This type of survey is appropriate for this study because it does not involve the manipulation of variables and control of treatment of groups.

5.2. Population and Sample

The population for this study was made up of all the inmates that were currently serving jail term in all 147 prisons in Nigeria. The study used 504 inmates who during the period of investigation

were serving their sentences for criminal offences in penal institutions in five states: Lagos, Oyo, Osun, Ondo and Ekiti States of Nigeria. The inmates in the prisons cut across the major ethnic groups of Hausa, Ibo and Yoruba in Nigeria.

5.3. Research Instrument

The instrument used in the study consisted of self-constructed questionnaire. The questionnaire was used to collect information from the respondents. The questionnaire has sub-sections that solicit information from the inmates on literacy levels, literacy skills, health conditions and health literacy. The validity of the instrument was done by subjecting the instruments to screening by specialists in Test and Measurement and Psychology for face and content validities. The constructed instrument was said to have high content validity. The reliability of the instrument was established using test-re-test method which yielded a reliability index of 0.72, an indication of high consistency and stability.

5.4. Administration of the Instrument

The constructed instrument with high content validity and reliability index of 0.72 was administered personally with assistance of research assistant to the inmates inside the halls. The subjects were briefed about the importance of the study. The questionnaire was translated into Pidgin English and language of the ethnic groups because some of the subjects could neither read nor write. Some groups of the inmates were assisted in answering the questionnaire by reading the items loud to them. Enough time was given to the subjects for the completion of the questionnaire. The data collected from the 504 subjects were analysed.

6. RESULTS

The results of the study are presented below which are clearly based on research questions raised for the study.

Research Question 1: What is the literacy status of inmates in South-West Prisons in Nigeria?

Table 1a. Frequency and Percentages Distribution of Responses of Inmates in South-West Prisons in Nigeria

Literacy Levels	Frequency	Percentage
Illiterate	276	54.76
Primary school living certificate	92	18.25
Junior secondary school certificate	77	15.27
Senior Secondary School Certificate	41	8.18
N.C.E	10	1.98
Bachelor	8	1.58
TOTAL	504	100

Table 1a shows that high percentage (54.76%) of the respondent is illiterate while 18.25% is Primary School leavers. Only 77 inmates (15.27%) completed Junior Secondary Schools and 41 (8.18%) inmates are with Senior Secondary School Certificate. Inmates with N.C.E and Bachelor degree certificates are 10(1.98%) and 8(1.58%) respectively.

Research Question 2: What is the literacy skill level of inmates in South-West Prisons in Nigeria?

Table 1b shows the responses of the respondents on reading skills, involving reading, interpreting and thinking. Items 1, 2, 3 and 4 are on reading skills, the respondents recorded poor reading skills. The record showed that in all, 96% of the respondents cannot read the prescription of drugs. Concentration, distraction and not interested in what is being said are barriers to listening. Out of 504 respondents 490 (97.2%) did not have adequate listening skills. About 89.4% of the respondents allowed distractions when listening. Communication is used to influence relationship. About 484 respondents (96.0%) cannot communicate well with the doctor, while 92.2% cannot make free flow communication during interview with the doctors. Low literacy skills common among the respondents, inability to listen, comprehend, communicate and read are peculiar to the respondents.

Table1b. Literacy skills level of inmates in South-West Prisons in Nigeria.

S/N	Literacy Skills	Yes		No	
		N	%	N	%
1.	Do you have access to reading skills?	4	0.8	500	99.2
2.	Are your reading skills adequate?	22	4.4	482	95.6
3.	Do you understand and maximally use the information available to you?	16	3.2	488	96.8
4.	Can you read the prescription of drugs?	20	4.0	484	96.0
5.	Do you have adequate listening skills in what the doctor is saying concerning your health problems?	14	2.8	490	97.2
6.	Can you communicate well with the doctor when explaining to him your problems?	20	4.0	484	96.0
7.	Can you reproduce verbatim all the information received after several days?	30	5.9	474	94.1
8.	Is there any free flow of communication between you and the doctor during interview?	39	7.8	465	2.2
9.	Do you often allow distractions whenever you are listening?	53	10.6	451	89.6
10.	Do you understand and comprehend information quickly and accurately?	7	1.4	497	98.6

Research Question3: What are the standards of living conditions of inmates in Prisons in Nigeria?

Table2. Health conditions in prisons in South-West Nigeria.

	Health conditions of inmates	Adequate		Inadequate		Not Available	
		N	%	N	%	N	%
1	Accommodation Spacious	3	0.60	498	98.8	3	0.60
2.	Accommodation convenient	3	0.60	495	97.5	6	1.91
3.	Medical Services						
	(i) Qualified psychiatrists	6	1.3	487	96.6	11	2.1
	(ii) Doctors	7	1.4	489	97.1	8	1.5
	(iii) Nurses	10	2.0	438	86.9	56	11.1
	(iv) Dental Officers			25	4.9	479	95.1
4.	Access to personal hygiene			504	100.0		
5.	Access to clothing and bedding			502	99.6	2	0.4
6.	Access to food	44	8.8	460	91.2		
7.	Communicating problems with doctors	4	0.8	474	94.1	26	5.1
8.	Usage of drugs	6	1.2	494	98.1	4	0.7
9.	Basic health information	3	0.6	498	98.8	3	0.5
10.	Quality of health care	12	2.3	490	97.2	2	0.5
11.	Health care decisions			501	99.4	3	0.6
12.	Knowledge of the diseases			497	98.6	7	0.14

Table 2 shows living conditions of inmates in the Prisons. The respondents 498 (98.8%) and 495 (97.5%) confirmed that accommodation was neither spacious nor adequate for the inmates convenience. Medical services were inadequate, doctors, nurses, clinical psychologists and dental officers are not sufficient. Personal hygiene, health care and food were insufficient and poor. High percentages were recorded (100%) for personal hygiene and (99.2%) agreed that health care was inadequate. On feeding (91.2%) said the food served was small and poor. Basic health information was inadequate (98.8%).

Research Question 4: Do communication skills and literacy have impact on health literacy of inmates?

Investigating Literacy and Health Literacy in Nigerian Prisons

Table 3. Health literacy of inmates in some South-West Prisons in Nigeria

S/N	Items	YES		NO	
		Freq.	%	Freq.	%
1.	Do you need assistance of somebody to explain the instructions supplied by the doctor?	485	96.2	19	3.8
2.	Can you give full information about the history of your health problem to doctor?	48	9.6	456	90.4
3.	Do you have problem with the usage of drugs given to you from hospital?	469	93.1	35	6.9
4.	Do you understand the terminologies used by the doctor?	2	0.4	502	99.6
5.	Does assistance rendered by medical official warders assisted you in the administering of drugs?	87	17.3	417	82.7
6.	Do you agree that low-literacy affect non-compliance with the drugs recommended?	481	95.4	23	4.6
7.	Do you have problems in explaining in details your illness to the doctor?	493	97.8	11	3.2
8.	Did you use the drugs given to you adequately and timely?	16	3.2	488	95.8
9.	Did you believe that poor health literacy is a contributor to your health problems?	485	96.2	19	3.8
10.	Do you recall most of the information supplied?	17	3.4	487	96.6
11.	Do you actively listen to whatever they are explaining to you?	27	5.4	477	94.6
12.	Can you read prescriptions on drugs?	41	8.2	463	91.8
13.	Do you keep appointment dates given to you by the doctor?	127	25.2	377	74.8
14.	Does behaviour have indirect impact on health?	468	92.8	36	7.2
15.	Are you aware that there are services available for you to overcome your illness?	54	10.8	450	89.2

Table 3 shows an impressive agreement on the items on literacy and communication skills which are answered by the respondents. Available evidence showed that low literacy skills and communication skills were so prevalent among the respondents. Items 1, 2, 3, 4, and 6 showed 96.2%, 90.4%, 93.1%, 99.6%, and 95.4% respectively on literacy skills. On communication skills, the respondents agreed that they cannot communicate well as indicated in items 5, 7 and 8 with 82.7%, 97.8% and 96.8% respectively. The respondents are passive listeners as shown on items 10 and 11 with 94.6% and 91.8%. On health literacy, 96.6% had poor health literacy with 74.3% in failure to keep appointment dates while 92.8% agreed that behaviour has indirect impact on health.

7. DISCUSSION

The findings of this study are not far from similar findings on literacy. Results of the study have shown that prison inmates are basically illiterates. In a research conducted, Tenibiaje & Onwuamanam (2010) emphasized that Nigeria is one of the countries that has high percentage of illiterates, in a similar vein the prisons inmates are illiterates. This study revealed that prison inmates lacked reading, listening, writing, and speaking which are the basic language skills needed for efficient level of communication. This study is in accord with Abednego (2009) in his paper "literacy as a tool for the promotion of democracy in Nigeria" He opined the role of literacy in fostering democratic ideals and growth, but illiteracy constitutes the greater obstacle. Tenibiaje (2012) said illiteracy has been the cog in wheel of transformation, rehabilitation and reintegration of inmates therefore literacy will remove the cog in the wheel of information and employment of inmates if properly executed. Alokun (2009) said literacy will bring good standard of living while Alabi (2009) was of the opinion that lifespan of man can be improved or impaired due to literacy on healthy living. According to Literacy BC (2005) literacy is a key determinant of health of an individual low literacy affects access to health information, because people with low literacy may have trouble with reading, and understanding health information. The result of the finding showed poor communication skills among the inmates, no flow of communication, bad expression of language and poor ability to make concise and correct message. This result is in agreement with the finding of (William 1998; Irving & Barbana 2005) said that inadequate literacy and poorest reading skills were common and strongly correlated with poor knowledge of asthma. However, Schillinger (2005) had different opinion, he pointed out that literacy skills are necessary, but not sufficient for health literacy. The result of the finding indicated that non compliance with

recommended drugs, wrong interpretation of drug terminologies, non-usage of drugs, assistance on instruction given, low literacy in reading prescription on drugs, failure to keep appointment, all these are tangential to low literacy and low health literacy.. Communication skills and literacy play a vital role in health literacy. Poor health literacy is one of the predictors of individual health. Poor health literacy deprives individuals to understand and maximally use the information available to him on using of the information adequately and timely. William, Davis, Parker&Weiss (2002) said that poor health literacy is common especially among poor and elderly patients with poor health literacy and have a complex array of communication difficulties that may affect health outcomes. The result confirms the assertions of (Weiss, Reed & Kligman 1995 ;Baker, Parker,William et al 1999) that literacy skills, communication skills and low literacy affect health. Also Mayeaux, Murphy,,Arnold, Davis,Jackson, & Sentell (1996) supported that communication is a core skill for physicians; yet, many patients have difficulty understanding what physicians tell them. This assertion is in line with the finding of (Spandor, Karas, Hughes & Caputo1995).

8. CONCLUSION

Reading, speaking, listening and writing are essential ingredients for communication. These ingredients are lacking among prison inmates. Poor communication and low literacy are some of factors affecting the health of the inmates which have contributed to their health problems. This also has great impact on low health literacy. All these are knotty issues affecting the inmates and these problems need to be addressed so that reintegration and rehabilitation of the inmates will be meaningful.

9. RECOMMENDATIONS

Based on the findings, it is recommended that more attention should be paid to prison inmates. Inmates need to be well- integrated and rehabilitated into the society, through the enhancement of literacy skills, communication skills and health literacy should be improved upon. Government, UNESCO and World Bank should focus attention on communication skills, literacy and health literacy of inmates. Counselling service and follow-up service should be implemented in prisons.

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REFERENCES

- [1] Abednego, M. (2011): Literacy as a veritable tool for the Promotion of human rights in Nigeria. A paper presented at the 7th Pan African Reading for All Conference at University of Botswana, Gaborone on 11th – 14th July, 2011.
- [2] Agency for Health Care Research and Quality Report (2004): Literacy and Health Outcomes.
- [3] Alabi, D.O (2009): The effects of literacy for health living for man in the 21st century. A paper presented at the 6th Pan African Reading for All conference held at University of Dares Salaam, Tanzania on 10th – 14th August, 2009.
- [4] Alokun, O.A.P (2009): Literacy for Poverty Reduction in Nigeria. A paper presented at the 6th Pan African Reading for All Conference held at University of Dares Salaam, Tanzania on 10th – 14th August, 2009.
- [5] American Medical Association JAMA (1992): Ad Hoc Committee on Health Literacy. Health Literacy: Report of the Council in Scientific Affairs. JAMA1992: 281(6) 552.
- [6] Baker, D.W. Parker, R.M. William, M.V. et al (1996): The healthcare experience of Patients with low Literacy. Arch. Family Medicine 5(6) 329 – 334.
- [7] Brammer, C. (2002): “Linguistic Cultural Capital and basis writers” Journal of Basic writing. 21(1); 16 – 36.
- [8] Bulya, O.A. (2011): The role of the media in literacy development in Nigeria. A paper presented at the 7th Pan African Reading for All Conference at University of Botswana, Gaborone on 11th – 14th July, 2011.

- [9] Camp, S.C & Satterwhite, M.L. (1998): College communication. New York: Glencoe McGraw-Hill.
- [10] Canadian Public Health Association (2003): Literacy and Health Research Workshop: Setting Priorities in Canada, Final Report. Ottawa. ON: CPHA. Available from: <http://www.nlhp.cpha.ca/clhrp/indexhtml/workshop>
- [11] Chiarelli, H. (2006): The impact of low Health Literacy in chronic disease; Prevention and Control. Canadian Public Health Association. Adapted from Prochaska, J.D. Diclemente C.C.
- [12] Graff, H.J. (2009). "Literacy" Microsoft.Encarta 2009.
- [13] Hayes, A.N & Popelka, G.R. (1992). Audiology, 6th ed. New Jersey: Englewood cliffs Prentice Hall.
- [14] Hayward. K & Colman. R. (2003): The tides of change: Address Inequality and Chronic Diseases in Atlantic Canada.
- [15] Health People (2010): The U.S Department of Health and Human Services.
- [16] Irving. R. & Barbara. R. (2005): Literacy and Health Research in Canada. Where have we been and where should we?
- [17] Johns, E.B, Sutton W.C & Cooley, B.A (1970): Health for Effective living. New York: McGrawHill Book Company.
- [18] Kiah, R.B (2009): Early Literacy and Reading aloud to children. A paper presented at the 6th Pan African Reading for All Conference held at University of DaresSaleem, Tanzania on 10th – 14th August, 2009.
- [19] Literacy B.C (1999): Literacy and Health. <http://2 www.literacy.bc.ca/catalogue.l>
- [20] Lucas, S.E (2001): The Art of Public Speaking, 7th ed. Boston: McGraw-Hill.
- [21] Mayeaux, E.J. (Jr.), Murphy, P.W. Arnold C, Davis T.C, Jackson, R.H, Sentell, T. (1996): Improving patient with low literacy skills. American Family Physician 53(1) 205 – 211.
- [22] National Network of Libraries of Medicine (2012): Health Literacy. MEDLINE/PubMed Service and Health Literacy Information Resources. National Network Library of medicine. <http://www.nih.gov/services/health.literacy.html>.
- [23] Norcross, J.C (): In search of how people change. Am Psychol. 47; 1102 – 1104
- [24] Oyinloye, G.O. (2007): Fundamentals of Effective Communication in English. Lagos: Premier Publisher.
- [25] Schillinger, D. (2005): A Conceptual Framework for the Relationship between Health literacy and Health Care outcomes: the chronic Diseases Exemplar in understanding Health Literacy: Implication for Medicine and public health. American Medical Association Press, 181 – 203.
- [26] Schillinger, D. Grumbach, K. Piette, J. Wang, F. Osmond, D. Daher, C. et al. Association of Health Literacy with diabetes outcomes. JAMA 288 (4).
- [27] Seldom, C.R. Zorn, M. Ratzan, S & Parker R.M (2000): Current bibliographies in Medicine: health literacy, Bethesda, Md: National Library of Medicine.
- [28] Spandorfor, J.M. Karas, D.J. Hughes,L.A & Caputo, C.(1995) Comprehension of discharge instructions by patients in an urban emergency department. Ann. Emerg. Med. 25 (1) 71-74.
- [29] Tenibiaje, D.J & D.O. Owuamanam (2010): Literacy Remediation for Prison Inmates in South – West Nigeria. International Journal of Educational Leadership (IJEL) 3(3) December 2010, 312 – 319.
- [30] Tenibiaje, D.J (2012): Literacy, Information and Communication Technology as tools for Empowerment of Inmates. European Journal of Educational Research 1(2) 1 – 12.
- [31] Udoh,C.O.& Ajala,J.A.(2001): Mental and Social Health. Ibadan: May best Publications
- [32] UNESCO (1970): Functional literacy Why and how? Paris: UNESCO 1970.
- [33] UNESCO (2006): UNESCO Institute for lifelong Learning 3rd ed. France UNESCO.
- [34] UNESCO (2007): Literacy Initiative for Empowerment (LIFE) 2006 – 2015, 3rd ed. Vision and Strategy paper.

- [35] Weiss, B.D. Reed, R.L & Kligman, E.W (1995): Literacy Skills and Communication method of low-income older persons. *Patient Educ. Couns* 25 (2) 109 – 119.
- [36] WHO (1998): Healthier Living. *European Health* 21. Target II Adapted by the WHO Regional Committee for Europe at its forty-eight session Copenhagen.
- [37] WHO (1998): World Health Organization Promotion Glossary. Geneva: WHO 4.
- [38] WHO (1999): Healthier Living. Text Processed in Health documentation services.
- [39] William, M.V (1998): Asthma. *Chest* October 1998.
- [40] William, M.V. Davis, T. Parker, R.M & Weiss B.D (2002): The role of Health Literacy in Patient – Physician communication 34(5) 383 – 389.