

**AN ANALYSIS OF HEALTH LITERACY AMONG MERU WOMEN ATTENDING
SELECTED MATERNAL CHILD HEALTH CLINICS IN MERU COUNTY, KENYA**

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ABSTRACT

Upon her independence in 1963, Kenya set out to eradicate three endemic ills: poverty, disease and ignorance as stipulated in Sessional Paper No 10, of 1965. “Illiteracy” has largely been associated with these ills. Health illiterate individuals, in particular, are characterized by inability to obtain, understand and act on health information. Prior to this study the health literacy status of Meru women attending maternal child health clinics in Meru County was largely unknown. Previous reports had indicated cases of high infant mortality in some parts of Meru due to sickness, poor diet, poor hygiene, poor sanitation and malnutrition. Health illiteracy was thought to be an indirect cause of some of these conditions. A previous study in some part of Meru County claiming that Meru people often misunderstood disagreed with or forgot instructions given in health centres or clinics may have been biased and questionable but still required to be authenticated. It is on this premise that this study was carried out to examine health literacy status of a sample of ninety (90) Meru women attending maternal child health clinics in six selected health facilities in Meru County to determine how it possibly impacted on the quality of their health management. A descriptive research design which included both quantitative assessments of the women’s individual health literacy performances as well as the qualitative evidence of their literacy perceptions and practices was used. The following theoretical models: Integrated model of health literacy by Sorensen et. al. (2012), Education model by Joshi A.R.(1994) and Ideological model by Street, B (1984) were the basis upon which data was collected and analysed. The following instruments, which were the basis of the findings, were developed and used: a Pre-test Survey questionnaire (PSQ) instrument, a health literacy screening test (HLST) instrument and a health literacy test (HLT) instrument. The findings reveal an 11 percent difference between the respondent’s self-reported literacy (89%) as measured by PSQ and their actual literacy (78%) as measured by HLST. Results of the health literacy tests as measured by HLT indicated that the respondents had varying levels of health literacy inadequacy in English (87%), Kiswahili (83%) and Kimeru (73%) respectively. In terms of the perceived benefits of literacy most of the respondents mentioned benefits which ranged from a tool for gathering health knowledge to a safe-guard against cheating and manipulation. It is hoped that the results of this study will immensely benefit educationists and scholars in applied linguistics in the area of literacy acquisition, health personnel involved in public health and government policy makers on health promotion.