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The salutogenesis perspective of Health Literacy

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Introduction:
Health Literacy (HL) is the third pillar of Health Promotion and contributes to the sustainability agenda set earlier in Rio de Janeiro and later in Shangai (e.g. WHO Shanghai Declaration, 2016). Nevertheless HL per se lacks consistency and structural modus faciendi implementation and practice.
Therefore it is proposed that a discussion be developed based in the salutogenesis embodiment of health literacy from the perspective of children’s Sense of Coherence.

Methods:
A population cross-sectional study included (n = 725) children enrolled in the school year 2018/2019 of four schools in Santarem and Lisbon, Portugal. Indicators of anthropometric data, Health literacy (HL), water intake (WI) and nutrition status (NS) and their Sense of Coherence (SoC) levels (using the HLS-EU-PT questionnaire) were collected with the CrAdLiSa online self-administered questionnaire.

Results:
Preliminary results show that the instrument to measure HL (HLS-EU-PT) show satisfactory internal consistency (Cronbach’s alpha coefficient 0.94) and association with SoC (Cronbach’s alpha coefficient 0.89). The higher is HL levels the higher results are found in the Comprehensibility component of the SoC. The older the age, the amount of WI perception is adequate (p = 0.03); male children (p = 0.02) and children that attend schools in urban area (p = 0.01) drink more water; and have a higher SoC. Also the older the age, the lower the levels of HL (p = 0.000); children with higher levels of HL have greater WI (p = 0.01) as they have a broader perception of the adequate amount of water needed to be healthy.

Conclusions:
These results of CrAdLiSa study explore further on the theoretical perspectives influencing HL. They also showed the usability of the SoC and the HLS-EU-PT questionnaires adapted for children to assess their SoC and HL levels.

8.L. Round table: Breaking the barriers: gender equality and women empowerment in public health practice
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Organised by: EUPHAnxt, EUPHA-PHPP, EUPHA SDG5WG
Chair persons: Sofia Ribeiro (EUPHA-PHPP), Jinane Ghattas (EUPHAnxt)
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Gender equality is an issue in the public health arena. Though women make 70% of the healthcare workforce, there is an average 28% pay gap. (WHO, 2019). Other barriers have been identified in the literature. (Lancet, 2019) Work-life balance, gender discrimination, sexual harassment or assault in the workplace are pointed out in research studies. Consequences of poor work-life balance include insufficient time with families, difficulties in handling work and all household responsibilities, affecting childbearing decisions. Women also decline leadership opportunities, such as promotions and committee chair positions, because of family obligations. Gender discrimination included feeling inferior and discouragement from promotions or leadership positions on the basis of gender. Another identified barrier was the lack of a safe and unbiased system for seeking help following harassment or assault. Issues related to work-life balance became even more apparent during the COVID-19 pandemic, which placed a disproportionate burden in female public health workers. In the recovery phase, we have an opportunity to rethink public health delivery in order to make it a more equal, less biased, and safe place for women. This should be a concerted effort, involving men and vulnerable populations such as trans women and under-represented ethnic groups, to ensure that no one is left behind.

As one of the leading public health organizations in Europe, the European Public Health Association is committed to join efforts to address this issue in the multiple public health arenas: public health practice, policy and research. This panel discussion is a collaboration between the EUPHA Working Group on gender equality and women’s and girl’s empowerment, the Policy and Practice section and EUPHAnxt, and is for any conference participant that is committed to reducing the gender gap in public health. The aim of this panel discussion is two-fold. First, we aim at discussing the barriers that female healthcare workers face on an everyday basis, and their impact on their careers. Secondly, we aim at discussing how institutions and individuals can address these barriers and contribute to enhanced gender equality in the public health arena. Following panelists’ interventions (additional speakers have been invited and will be confirmed at a later stage), the audience will be invited to participate in a discussion on gender barriers they have experienced and how those could be addressed.

Key messages:
Public health practice still faces several barriers to gender equality.
Identifying barriers to gender equality and discussing strategies to overcome them is a step towards achieving gender equality in the workforce.

Speakers/Panellists:
Marie Guichardon
EUPHA
Marleen Bekker
EUPHA-PHPP