

# Living the Lesson: Personal Health Battles and Health Literacy in Vulnerable Groups

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## Abstract

This phenomenological study delves into the lived experiences of vulnerable populations, namely pregnant women, the elderly, and individuals with chronic health conditions, in the Philippines. Through in-depth interviews conducted in Tacloban City's resettlement area, the research examines how personal health battles shape health literacy acquisition and resilience. Participants' narratives reveal transformative learning experiences, as they transition from resignation to proactive health management, empowered by knowledge acquisition. However, language, cultural, and socioeconomic barriers hinder health literacy, exacerbating healthcare disparities. Despite challenges, participants demonstrate resilience and advocacy for change, drawing on cultural values and support networks. This study offers insights into the complex interplay between personal health struggles, health literacy, and resilience, informing targeted interventions to promote health equity and empowerment within vulnerable populations.

**Key words:** Vulnerable populations; health literacy; resilience; phenomenological study; Philippines.

## 1. Introduction

Navigating the complexities of modern healthcare requires a fundamental skill: health literacy. Defined as the capacity to access, comprehend, and utilize health information effectively, it empowers individuals to take charge of their well-being (Sørensen et al., 2015). Whether managing chronic conditions, making informed treatment decisions, or simply understanding medical jargon, health literacy is a cornerstone of proactive healthcare participation (Saunders et al., 2019). Studies have shown a direct link between higher health literacy and improved health outcomes, including better medication adherence, earlier disease detection, and increased patient satisfaction with care (Miller, 2016).

Despite its critical role, disparities in health literacy exist across populations (Stormacq et al., 2019). Vulnerable groups, encompassing individuals with lower socioeconomic status, proficiency, or pre-existing health conditions, often face significant hurdles (Arsenijevic et al., 2020). Complex medical systems, overwhelming information overload, and cultural barriers can create a knowledge gap, leaving them feeling powerless and confused when navigating their health. These disparities can further exacerbate existing health inequalities, creating a vicious cycle of limited knowledge and poorer health outcomes (Diviani et al., 2015).

Intriguingly, a potential source of empowerment might lie within the very struggle itself (Batliwala, 2015). Personal health battles, the lived experiences of illness and navigating the healthcare system, could hold the key to closing the literacy gap for vulnerable populations. While facing illness is undoubtedly a challenge, it might also act as an unintended yet powerful educator. Health experiences, though sometimes difficult, could become a catalyst for seeking out information, learning medical vocabulary, and ultimately becoming a more informed advocate for her child's health.

The learning process extends beyond the illness itself. For vulnerable populations, navigating the healthcare system can be a daunting task (Gostin et al., 2020). Appointment scheduling, understanding insurance jargon, and deciphering medical bills all require a certain level of health literacy. However, by confronting these challenges head-on, individuals might develop new skills and a deeper understanding of the healthcare landscape. This study delves into exploring the lived experiences of individuals within vulnerable groups who have battled health issues. Through qualitative research methods, the aim is to understand how personal health struggles influenced their knowledge and understanding of health information. By examining the intersection of personal health battles and health literacy acquisition, this study seeks to shed light on a potentially transformative process. Understanding how vulnerable populations learn and build health literacy from their lived experiences can inform interventions and educational strategies. The goal is not only to empower individuals to become proactive participants in their healthcare journey but also to develop them as advocates for their communities.

## 2. Theoretical Framework

The Health Belief Model (HBM) serves as the theoretical framework for this study exploring how personal health battles influence health literacy acquisition in vulnerable populations (Anuar, et al., 2020). The HBM posits that health behaviors are driven by factors like perceived susceptibility and severity of a health condition. In this context, a personal health battle directly increases an individual's perceived susceptibility to a specific health issue or the healthcare system as a whole. Furthermore, experiencing illness can heighten the perceived severity of health problems, motivating individuals to actively seek knowledge and manage their health. The HBM also considers perceived benefits and barriers.

Navigating a health battle often necessitates information seeking, leading individuals to perceive the benefits of health literacy. However, the complexities encountered can also highlight existing barriers, such as language difficulties. Interestingly, the experience of illness itself can serve as a powerful cue to action, prompting individuals to seek information and improve their health literacy. Finally, the HBM emphasizes self-efficacy, or one's confidence in managing health. Successfully navigating a health battle through information seeking and informed decision-making can boost an individual's self-efficacy regarding their ability to manage their health and healthcare interactions. By examining how these HBM constructs are shaped by personal health battles, this study aims to shed light on the process of health literacy acquisition in vulnerable populations. This understanding can inform the development of targeted interventions and educational strategies to empower vulnerable groups and bridge the health literacy gap.

## 3. Methodology

### 3.1 Research Design

This study adopts a phenomenological research design to explore the lived experiences of individuals in vulnerable populations who have battled health issues. Phenomenology emphasizes understanding the essence of a shared experience, in this case, how personal health battles shape the lived experience of health literacy acquisition. Through in-depth, semi-structured interviews, the study delves into participants' subjective experiences, focusing on how illness has impacted their perceptions,

thoughts, and feelings regarding health information and healthcare navigation. This approach aims to uncover the essential themes and commonalities that emerge from these lived experiences, ultimately contributing to a deeper understanding of how personal health struggles influence health literacy within vulnerable groups.

### *3.2 Locale, Sampling, and Respondents*

This study was conducted within a resettlement area in Tacloban City, Philippines, where populations facing social and economic vulnerabilities are often concentrated. Informed by the World Health Organization's (WHO) definition, the study focused on vulnerable groups including pregnant women, the elderly, and individuals with chronic health conditions. A purposive sampling strategy was employed, recruiting participants based on three criteria: belonging to one of these identified vulnerable groups, residing within the designated resettlement area, and expressing willingness to participate. Data saturation, the point at which no new themes emerged from the data, guided the data collection process. This resulted in a final sample size of 16 participants.

### *3.4 Research Instruments and Data collection Procedures*

This study utilized in-depth, semi-structured interviews as the primary data collection tool. To ensure the interview guide effectively captured the lived experiences of participants, it was validated for both face validity and content validity by relevant experts. The data collection process involved recruiting participants from the designated resettlement area with the help of community leaders and healthcare workers. After obtaining informed consent, individual interviews were conducted in private settings chosen by the participants. The researcher facilitated the interviews using the validated guide, asking open-ended questions and following up on emergent themes. All interviews were audio-recorded with permission. Data collection continued until data saturation was achieved. Audio recordings were then transcribed verbatim, anonymized, and organized for analysis.

### *3.5 Data analysis*

This study employed Colaizzi's method, a structured approach well-suited for analyzing data from phenomenological research. Colaizzi's method emphasizes a step-by-step process for dissecting interview transcripts and extracting the essence of participants' lived experiences (Praveena & Sasikumar, 2021). The analysis progresses through several key stages: familiarization, where the researcher deeply immerses themselves in the data; extracting significant statements, which capture the core themes related to health battles and health literacy; formulating meanings, assigning deeper interpretations to these statements; clustering themes, identifying recurring patterns and grouping them; and finally, integrating and describing the phenomenon, weaving all the themes into a cohesive narrative that reflects how personal health struggles shape health literacy acquisition within the vulnerable population studied. This structured analysis ensures the extraction of rich insights and the development of a meaningful story that captures the lived experiences of participants.

### *3.6 Ethical Consideration*

This study prioritized ethical considerations throughout the research process. A transparent informed consent process ensured participants understood the study's purpose, data collection methods, and their right to withdraw. Informed consent forms were provided in an accessible language, and confidentiality was maintained by anonymizing all data and securely storing recordings. Recognizing the potential sensitivity of the topic, interviews were conducted in a safe and supportive environment, with participants informed of available community support resources. Data security was ensured through password-protected software and regular backups. Ultimately, the study aimed to contribute valuable knowledge while minimizing risk to participants, potentially leading to improved interventions and educational strategies to empower vulnerable populations.

## 4. Results and Discussions

The findings derived from a comprehensive phenomenological inquiry aims at elucidating the lived experiences of individuals from vulnerable groups relating to their personal health experiences and health literacy—specifically pregnant women, the elderly, and individuals with chronic health conditions—in the dynamic Philippine context.

### 4.1 Transformative Learning Experiences

#### 4.1.1 Shifting Perceptions of Health

Participants from vulnerable groups described transformative shifts in their perceptions of health as a result of their personal health battles. Initially, many expressed feelings of resignation and fatalism due to societal norms or cultural beliefs surrounding health. However, as they navigated their health challenges, they underwent a profound transformation in their understanding of health. For instance, an elderly participant remarked:

*"In our culture, we often accept illnesses as 'God's will.' But after experiencing my own health struggles, I realized the importance of taking proactive steps to care for my health."*

The recognition of proactive health management as a viable pathway towards improved health outcomes underscores the potential for transformative learning experiences within vulnerable populations (Steger, et al, 2015). As participants navigate their health challenges, they not only acquire practical knowledge but also undergo a cognitive reframing that positions them as active agents in their healthcare journey. This shift in perspective holds profound implications for health literacy interventions, emphasizing the importance of fostering a sense of empowerment and self-efficacy in health decision-making processes.

#### 4.1.2 Empowerment Through Knowledge

A notable finding was the empowerment participants gained through acquiring health-related knowledge. Despite facing barriers such as limited access to healthcare services and language disparities, participants actively sought out information to better understand their health conditions and treatment options. This newfound knowledge empowered them to actively participate in their healthcare decisions and advocate for their needs. A pregnant participant shared,

*"Before, I relied on old wives' tales for health advice. But now, I make informed choices for myself and my baby based on what I've learned from reliable sources."*

The narratives shared by participants underscore the pivotal role of reliable and accessible health information in facilitating informed decision-making and self-advocacy. By actively pursuing knowledge about their health conditions and treatment options, participants transcended the constraints imposed by systemic inequities and cultural barriers, thereby reclaiming agency over their healthcare trajectories. The testimonial of a pregnant participant, who recounts a transition from reliance on "old wives' tales" to informed decision-making based on credible sources, exemplifies this empowerment process.

### 4.2 Overcoming Barriers to Health Literacy

#### 4.2.1 Language and Cultural Barriers

Language and cultural barriers emerged as significant challenges to health literacy among participants. Many expressed difficulties understanding medical terminology and navigating healthcare systems due to language differences. Moreover, cultural beliefs and practices often influenced their health-seeking behaviors, leading to delays in seeking care or reluctance to follow medical advice. A participant with a chronic health condition explained,

*"In our community, we often rely on traditional healers for treatment. It took me a long time to trust modern medicine and understand the importance of following my doctor's advice."*

Meanwhile, elderly mentioned that:

*"Sometimes I do not get the health care promotion advocacies in both print and digital because they are not in the dialect."*

The linguistic barrier not only hampers communication with healthcare providers but also limits access to essential health information, contributing to disparities in health literacy and healthcare outcomes (Roodbeen et al., 2020). Cultural beliefs and practices exert a significant influence on participants' health-seeking behaviors (Eley et al., 2019), often diverging from mainstream biomedical approaches. Participants describe a hesitancy to fully embrace modern medicine, rooted in deeply ingrained cultural norms and a longstanding reliance on traditional healing modalities within their communities. This reluctance to adopt modern medical practices can lead to delays in seeking care and non-adherence to medical advice, posing significant challenges to effective healthcare management.

#### 4.2.2 Socioeconomic Factors

Socioeconomic factors also played a crucial role in shaping health literacy among vulnerable groups in the Philippines. Limited access to healthcare services, exacerbated by poverty and geographic isolation, posed significant barriers to health information and resources. Participants described the challenges of traveling long distances to access healthcare facilities, often facing financial strain in the process. An elderly participant shared,

*"I live far from the city center, and transportation is expensive. Sometimes, I have to choose between buying medication or putting food on the table."*

Limited access to healthcare services, exacerbated by poverty and geographic isolation, presents formidable barriers to obtaining essential health information and resources (Verma & Dash, 2020). Participants' testimonies vividly depict the challenges they face, including the financial strain of traveling long distances to access healthcare facilities. The poignant account of an elderly participant, grappling with the dilemma of allocating limited resources between healthcare and basic necessities, exemplifies the harsh realities confronted by many individuals in vulnerable communities. These socioeconomic constraints not only impede access to healthcare but also exacerbate disparities in health outcomes, perpetuating a cycle of inequity and marginalization. Addressing these structural barriers requires comprehensive interventions that prioritize equitable access to healthcare services, economic empowerment, and social support systems.

### 4.3 Building Resilience and Advocacy

#### 4.3.1 Resilience in Adversity

Despite facing multiple challenges, participants demonstrated remarkable resilience in overcoming their health battles. Many shared stories of perseverance and determination, highlighting their ability to adapt and find strength in adversity. Participants drew on their cultural values and support networks to navigate their health struggles, emphasizing the importance of resilience in their journey towards better health outcomes. A participant with a chronic health condition stated,

*"Even though my condition is challenging, I've learned to embrace life and find joy in the little things. My family and community have been my pillars of strength."*

"Resilience in Adversity" illuminates the remarkable capacity of participants from vulnerable groups to navigate and overcome significant health challenges through resilience and fortitude. Despite facing formidable obstacles, participants exhibited a steadfast determination to confront adversity head-on, drawing on their inner strength and support networks to persevere in their healthcare journey.

Participants' narratives depict their resilience in the face of adversity, underscoring their ability to adapt to changing circumstances and find meaning and purpose amidst health struggles. This



resilience is evident in their proactive efforts to seek out solutions, maintain a positive outlook, and cultivate a sense of gratitude and appreciation for life's blessings.

#### 4.3.2 Advocacy for Change

An important outcome of participants' experiences was their commitment to advocating for change within their communities. Empowered by their journey, many became vocal advocates for improved access to healthcare and health literacy initiatives. They shared their stories to raise awareness and drive positive change. A pregnant participant expressed,

*"I want to empower other women in my community to take charge of their health and seek proper care during pregnancy. By sharing my experience, I hope to break down barriers and improve access to maternal healthcare services."*

Participants' remarks reflect a deep-seated commitment to addressing systemic barriers and promoting equitable access to healthcare services and resources. Motivated by their own struggles and challenges, participants actively engage in advocacy efforts aimed at dismantling barriers to healthcare access and fostering a culture of health literacy within their communities. Their advocacy encompasses a range of initiatives, from raising awareness about specific health issues to advocating for policy changes and community-based interventions. The remark provided by a pregnant participant exemplifies this commitment to advocacy, as they articulate a desire to empower other women in their community to prioritize their health and seek proper care during pregnancy. By sharing their own experiences and insights, participants hope to break down entrenched barriers and promote greater access to maternal healthcare services, thereby contributing to improved maternal and child health outcomes.

### 5. Conclusion

The findings derived from this phenomenological inquiry offer insights into the lived experiences of vulnerable groups, specifically pregnant women, the elderly, and individuals with chronic health conditions, within the dynamic context of the Philippines. Across thematic analyses, several key patterns and dynamics emerge, shedding light on the multifaceted nature of health literacy and resilience within these populations.

The theme of "Transformative Learning Experiences" elucidates the profound shifts in participants' perceptions of health as a result of their personal health battles. Participants' narratives highlight the transformative potential of proactive health management and empowerment through knowledge acquisition. By actively engaging with health information and challenging entrenched beliefs, participants reclaim agency over their healthcare trajectories, underscoring the importance of fostering empowerment and self-efficacy in health decision-making processes.

Conversely, "Overcoming Barriers to Health Literacy" reveals the significant challenges posed by language disparities, cultural beliefs, and socioeconomic factors in shaping health literacy within vulnerable groups. Language and cultural barriers hinder effective communication with healthcare providers and limit access to essential health information, exacerbating disparities in healthcare outcomes. Additionally, socioeconomic factors such as poverty and geographic isolation further compound these challenges, underscoring the urgent need for interventions that address structural inequities and promote equitable access to healthcare resources.

Nevertheless, amidst these challenges, participants exhibit remarkable resilience and advocacy for change. "Resilience in Adversity" illuminates participants' capacity to navigate and overcome health challenges through fortitude and perseverance, drawing on cultural values and support networks to navigate adversity. Meanwhile, "Advocacy for Change" underscores participants' commitment to driving positive change within their communities, leveraging their lived experiences to advocate for improved access to healthcare and health literacy initiatives.

Findings of this study underscore the multifaceted nature of health literacy and resilience within vulnerable populations in the Philippines. By elucidating the complex interplay between individual experiences, cultural dynamics, and systemic barriers, this research offers valuable insights for the development of targeted interventions and policies aimed at promoting health equity, empowerment, and resilience within diverse communities. Moving forward, efforts to address disparities in health literacy and healthcare access must adopt a holistic approach that acknowledges and addresses the intersecting factors shaping health outcomes, fostering a culture of inclusivity, empowerment, and well-being for all individuals, irrespective of their background or circumstances.

## References

- Anuar, H., Shah, S. A., Gafor, H., Mahmood, M. I., & Ghazi, H. F. (2020). Usage of Health Belief Model (HBM) in health behavior: A systematic review. *Malaysian Journal of Medicine and Health Sciences*, 16(11), 2636-9346.
- Arsenijevic, J., Tummers, L., & Bosma, N. (2020). Adherence to electronic health tools among vulnerable groups: systematic literature review and meta-analysis. *Journal of Medical Internet Research*, 22(2), e11613.
- Batliwala, S. (2015). *Engaging with empowerment: An intellectual and experiential journey*. Women Unlimited.
- Diviani, N., van den Putte, B., Giani, S., & van Weert, J. C. (2015). Low health literacy and evaluation of online health information: a systematic review of the literature. *Journal of medical Internet research*, 17(5), e112.
- Eley, N. T., Namey, E., McKenna, K., Johnson, A. C., & Guest, G. (2019). Beyond the individual: Social and cultural influences on the health-seeking behaviors of African American men. *American journal of men's health*, 13(1), 1557988319829953.
- Gostin, L. O., Friedman, E. A., & Wetter, S. A. (2020). Responding to COVID-19: how to navigate a public health emergency legally and ethically. *Hastings center report*, 50(2), 8-12.
- Miller, T. A. (2016). Health literacy and adherence to medical treatment in chronic and acute illness: a meta-analysis. *Patient education and counseling*, 99(7), 1079-1086.
- Praveena, K. R., & Sasikumar, S. (2021). Application of Colaizzi's method of data analysis in phenomenological research. *Med Leg Updat*, 21(2), 914-8.
- Roodbeen, R., Vreke, A., Boland, G., Rademakers, J., van den Muijsenbergh, M., Noordman, J., & van Dulmen, S. (2020). Communication and shared decision-making with patients with limited health literacy; helpful strategies, barriers and suggestions for improvement reported by hospital-based palliative care providers. *PloS one*, 15(6), e0234926.
- Saunders, C., Palesy, D., & Lewis, J. (2019). Systematic review and conceptual framework for health literacy training in health professions education. *Health Professions Education*, 5(1), 13-29. <https://doi.org/10.1016/j.hpe.2018.03.003>
- Sørensen, K., Pelikan, J. M., Röthlin, F., Ganahl, K., Slonska, Z., Doyle, G., Fullam, J., Kondilis, B., Agraftotis, D., Ueters, E., Falcon, M., Mensing, M., Tchamov, K., van den Broucke, S., & Brand, H. (2015). Health literacy in Europe: Comparative results of the European health literacy survey (HLS-EU). *European journal of public health*, 25(6), 1053-1058. <https://doi.org/10.1093/eurpub/ckv043>
- Steger, M. F., Fitch-Martin, A. R., Donnelly, J., & Rickard, K. M. (2015). Meaning in life and health: Proactive health orientation links meaning in life to health variables among American undergraduates. *Journal of Happiness Studies*, 16, 583-597.

- Stormacq, C., Van den Broucke, S., & Wosinski, J. (2019). Does health literacy mediate the relationship between socioeconomic status and health disparities? Integrative review. *Health promotion international*, 34(5), e1-e17.
- Verma, V. R., & Dash, U. (2020). Geographical accessibility and spatial coverage modelling of public health care network in rural and remote India. *Plos one*, 15(10), e0239326.