

Health literacy among school age youth cricket players in Gauteng Province, South Africa

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Abstract

There are many ways to keep the memory of the late first African President of South Africa, Nelson Mandela alive and make a difference in the lives of communities. University of South Africa has a time to serve to inspire the communities. With regard to education and literacy, the university leads by example. College of Human Sciences Health Literacy Project is a community based initiative whose primary aim is that of empowering school age youth cricket players by providing health literacy shows to schools, sports clubs centers and public venues. The project aims to improve physical health of youth through sporting activity of cricket training to learners in the local schools of the Province. The study employed a qualitative research approach to explore the views and roles of cricket youth players with regard to health literacy. Three focus group discussions were conducted with 15 to 20 participants. The age of the participants ranged from seven to 18 years. All the participants were learners and residing with their parents. Youth expressed their views and roles with regard to health literacy in different ways. A theme with three sub-themes emerged from thematic content analysis of the collected data as awareness of basic health information, prevention of risky behaviours, studying further and the importance of nature conservation.

Keywords: Age, cricket, health, literacy, players, school, youth.

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Introduction

Health literacy is recognised by the Global Institute of Medicine as a critical and essential basic component of high-quality health care. Notably, in health care policy-related and research, the term “health literacy” is often applied to a set of skills that are required to function well in the health care or public health setting. The role of literacy in health care has been less extensively studied for child health compared with adult health (De Walt, 2009). According to Padayachee, Desai and Vahed (2004), cricket was first introduced to African communities in Durban located in Kwa-Zulu Natal Province when the local government appointed Mr J.T Rawlins as its Native Welfare Officer in April 1930. Furthermore, it was reintroduced to African communities during the 1990s and by then a growing number of cricket players, coaches and administrators came to

the fore. In addition, Padayachee et al. (2004) indicated that the emergence of Black administrators created opportunities for Black players. The realisation by the 1997 that development had failed to produce quality Black players resulted in a change of existing strategic approach. The current trend is that Black players are now placed in traditionally White-dominated schools with a culture of cricket and a good track record of developing high-quality cricket players (Padayachee et al., 2004).

Remarkably, health literacy research and practice has focused mainly on the readability of written documents, while it is viewed that oral communication plays at least as important a role in the interpersonal ecology in which people make real decisions about their health-related lifestyle practices (Rubin, 2012). Thus, students should be provided as good literacy in health issues as they do in other traditional schools subjects. As a result of insufficient health education in schools, poor health literacy levels are markedly on the increase, warranting a need for all schools levels to provide at least minimum levels of basic health education to learners. This has been further argued by Tones (2002) who is of the view that health literacy is not considered a natural part of the education system.

Furthermore, Peerson and Saunders (2009) corroborate that health literacy is a concept that should apply to communication and knowledge outside Primary Care. Placing greater emphasis on health literacy outside of the health care settings has the potential to impact on preventative health and reduce pressures on health systems. Health literacy includes information and decision-making skills occurring in the work-place, in the supermarket, in social and recreational settings, within families and neighbourhoods and in relation to the various information opportunities and decisions that impact upon health every day. In other words, health literacy is relevant to those individuals who may never become patients or deal directly with the health system, whereas medical literacy is not. Health literacy is a resource for daily living in settings where people live, learn, work, worship and play and health status and learning are closely linked at all ages and stages of life (Rootman & Gordon-El-Binbety, 2008). In addition, Levin-Zamir, Lemish and Gofin (2011) and Dermota, Wang, Dey, Gmel, Studer and Mohler-Kuo (2013) corroborate by assessing knowledge and skills relating to health conversations in the family and among peers. Their approach to measurements took that specific direction because it allowed them to set and keep focus on health literacy as a personal resource in private realms, with specific individual and structural conditions.

Nowadays, youth are victims of different health risk and destructive behaviours such as crime, drug and substance abuse especially in Black townships of South Africa. In addition, children are no longer actively involved in physical sports and as such they tend to be at higher risks to develop chronic conditions such as obesity, hypertension and diabetes mellitus due to their inactivity. Hence,

sporting activities like cricket is seen as important in improving the physical and mental health of the youth.

There is a broad consensus that the chief causes of the 'health crisis' are a decline in physical activity participation, an increase in the prevalence of 'unhealthy' diets, and a trend towards sedentary lifestyles (Wheeler, 2011). Sport is often viewed as a suitable vehicle for tackling the 'health crisis,' not least because the supposed health benefits gained from participation can be experienced across all socio-demographic groups (Green, 2010). Consequently, the factors that influence sports participation have emerged as a point of interest among many academics and policy makers.

Health literacy is important basic information for the public at large in all levels of human development. Involvement of youth cricket players in health literacy knowledge sharing so that they can live a positive healthy lifestyle is necessary. Therefore, providing health literacy information to youth is important in order to update this age group with knowledge pertaining to their everyday lives. The findings might assist policy makers in executing effective health literacy programmes that bring about positive changes in the communities and schools.

Proof that cricket is read, heard, seen and the force of daily life experiences of cricket occasionally glimpses of live cricket matches and stars. The more predictable events of the cricket spectacle on television all conspire not just to vernacularize cricket, but to introject the master terms and master tropes of cricket into bodily practices and bodily-related fantasies of many young Indian males. Thus, corporate patronage of cricket is responsible for providing not only quasi-professional means of security for a sport whose deepest ideals are amateur, but also a steady initiative for drawing in aspiring young men from the poor classes and from semirural parts of India (Appadurai, 2015).

Methodology

Study design

The study employed a qualitative approach in order to better understand in-depth data from participants. The study did not made any attempt to generalise by suggesting that the findings were applicable to other occasions. Furthermore, the nature of explorative descriptive study was employed to explore and describe the views and roles of youth cricket players with regards to health literacy. In this regard, the research design is viewed as the strategy that the researcher uses to obtain information on a research question.

Population and sampling

The study population included both males and females involved in cricket sports at a township of Gauteng Province by playing cricket. The sample consisted of youth cricket players aged between seven and 18 years old of the very same township. According to Polit and Beck (2008), the research sample is a portion (subset) of the target population that represents the entire population so that inferences about the population can be made. Data were collected during the visits at the sports centers. The sample size comprised of three focus group discussions which were conducted with 15 to 20 participants.

Data collection method and procedure

A non-probability sampling technique was used to purposively select a facility which was active in engaging youth to play cricket as a sport. Data collection took place during June 2014 and July 2015 by means of three focus group discussions (FGDs) in the sports centers. Majority of the participants were males and there was only one female in each focus group discussion. Participation was voluntary and anonymous. Field notes were taken and photo shooting was done in order to assist in recording the discussions and observations. Assent to participate in the study was given by the parents through the help of the club team leader because the participants were between the ages of seven and 18 years.

While the focus group discussions were in progress, the sports centers gates were locked by the security guards to avoid disturbances. All the focus group discussions were conducted in English. Data collection was done using one central statement: *"Tell me about your roles and views with regards to health literacy as youth cricket players."* Probing questions were also asked, for example: What do you want the researcher to teach you with regards to health literacy? How do you feel about being involved in playing cricket? How best can you improve your physical health? Data collection continued until data saturation was reached.

Data analysis

Thematic content analysis approach for data analysis was used. The process involved searching through data about the roles and views of youth cricket players with regards to health literacy. Coding was done through reading, thinking about and labeling every piece of data. Similar topics, ideas, actions and communication were identified and compared (Griffiths, 2009). Trustworthiness as the degree of confidence qualitative researchers has in their data was assessed using the criteria of credibility, transferability, dependability and confirmability (Polit & Beck, 2012). Prolonged engagement was applied as the researcher was

known to the participants who visited the sport centers regularly. The researcher achieved transferability through dense description, consistency and peer examination. Both dependability and confirmability were entrenched by adhering to the ethical considerations, complete bibliographic reference and literature control to support the findings.

Ethical considerations

The study project (Project Number CA38) was approved by College of Human Sciences of the University of South Africa. The main focus area of the project is Education. As a fundamental ethical measure, informed verbal assent was sought, and the participants were assured anonymity and confidentiality. Participation in the study was voluntary and withdrawal before the completion of the focus group discussions being possible without repercussion for potential participants. Participation or non-participation in the study was not having any influence on the participants' involvement in playing cricket. There were no direct benefits from participation in the study and only the researcher had access to raw data and it was locked up in a private place. Numbers were assigned to identify the participants and the assent forms did not request their names.

Results

Youth expressed their views and roles with regard to health literacy in different ways. The age of the participants ranged from seven to 18 years. The focus groups were divided into groups of 15 to 20 participants. All the participants were learners and residing with their parents. A theme with three sub-themes emerged from thematic content analysis of the collected data.

Theme 1: Awareness of basic health information

The participants showed awareness about basic health knowledge on topics such as education on avoidance of teenage pregnancy, drugs, alcohol, smoking, violence, unhealthy diet including harmful cold acid drinks. They pointed out that they will share some of the lifestyle modification lessons taught by the researcher with their families and friends.

Sub-theme 1.1: Prevention of risky behaviours

The importance of not engaging in risky behaviours, dangers of social media and sedentary life were highlighted by the participants. Participants narrated as follows: *“We are still young and have dreams so by being actively involved in cricket sports we are saving ourselves from teenage pregnancy, HIV/AIDS and alcohol abuse and use of drugs. We do not copy and practice what we see in the social media. We also avoid drinking a lot of acid drinks instead we prefer*

drinking water at home and even in the training centers. We heard that some of the cold drinks can cause addiction and a lot sugar is not good for our lives”.

Mushwana, Monareng, Richter and Muller (2015) revealed that 72% of the adolescents were aware about the health risk issues. This high response rate showed that they were aware that unprotected sex not only exposes them to pregnancy, but increases the risk of contracting sexually transmitted infections (STIs) including HIV/AIDS. The Life Orientation Course, which is taught in schools from Grade 5, informs learners of the possibility of contacting STIs (University of South Africa, 2009).

Sub-theme 1.2: Studying further

The participants raised concerns about studying further, setting career goals and applying for bursaries and study loans. *“Youth should be given more information about studying further whilst still at school. There should be a period specifically for guidance on how to choose a career and different professionals must visit our schools to enlighten us. We should be given advice and support on how to apply for the study bursaries and study loans”.*

According to the study conducted by Fraser-Thomas and Cote’ (2009), on understanding adolescents’ positive and negative development experiences in sport, sport experiences guided the swimmers’ current and future life choices in areas of schooling, jobs and careers in health, health promotion and teaching.

Sub-theme 1.3: Importance of nature conservation

The importance of nature conservation was also addressed such as prevention of air pollution by protecting their surrounding environment. Addressing air pollution sufficiently as one of the main causes of biodiversity loss was seen as of importance. Biodiversity is vitally important and billions of people rely directly on diverse species for their livelihoods and often survival. Some participants highlighted that: *“As youth we should take care of the environment where we live, including the sports grounds, schools, homes and the streets. Smoking in public places and burning rubbish cause air pollution. We must take care of the trees because they provide us with shelter and even fresh air. We plough some vegetables at home and at school because we eat them and they help us to grow and become healthy.”*

In some schools, environmental education is concentrated in field trips to parks and nature centers. Several studies suggest that programmes that immerse students in extended field experiences can lead to behaviour change. In addition to an extended duration or at least intense immersion in field experiences, these programmes share a second key ingredient: they connect learning to the real

worlds of students' homes, communities, or regions. How to most effectively support youth initiatives to develop sustainable livelihoods should be a future research emphasis. One condition for the development of care for the environment is access to nature, but contact with nature has the "windfall" benefit of supporting children's physical and mental health and positive social relations. A second condition for learning care for the environment is to enable children and youth to take action for the environment through their schools or programmes for service learning or wilderness adventure. These opportunities for action cannot only increase young people's sense of competence and feeling of value in the context of meaning action, but yield tangible gains for their communities. Creating conditions for children to learn to care for the environment has the potential to benefit not only children, but all ages and all other living things as well (Chalwa & Derr, 2012).

The National Youth Development Agency Act of South Africa (Act No 54 of 2008) provides the establishment and aim of creating and promoting coordination in youth development matters. Youth development interventions and programmes must be guided by several principles including the following two:

1. Recognition of the manner in which youth has been affected by the imbalances of the past and the need to redress these imbalances through more equitable policies, programmes and the allocation of resources and
2. Creation of an environment which supports the continued development and learning of youth.

Discussion

The study showed that, indeed, youth were interested in health literacy topics related to a wide range of endangering behaviours. Worldwide, (Lee, Shiroma, Lobelo, Puska, Blair, Katzmarzyk (2012), estimated that physical inactivity causes 6-10% of the major non-communicable diseases of coronary heart diseases, type 2 diabetes and breast and colon cancers. Furthermore, this unhealthy behavior caused 9% of premature mortality, or more than 5.3 of the 57 million deaths in 2008. With elimination of physical inactivity, life expectancy of the world's population might be expected to increase by 0.68 years. Thus, physical inactivity seems to have an effect similar to that of smoking and obesity. The aim was to empower the youth in order for them to live a positive life, by providing career guidance, teaching emergency care for minor injuries that can occur during the games and physical training and networking. Topics for discussion were pre-selected by the cricket team leaders as suggested by the youth themselves. Parents, some community members and sports experts attended games and watch as the youth cricket club plays on tournament days. Health literacy gives an advantage to people in all age groups, but the focus of

the present study was on youth aged between seven and 18 years. Health literacy is important in young adulthood because many health practices, including risk behaviours like smoking and drinking, are established in this stage of life. Teenagers deal with health matters on an everyday basis, at home, in their family and among peers.

Physical activity is associated with health benefits in children and youth, and the more activity, the greater the benefit. Revised guidelines in several countries including Canada recommend that for health benefits, children and adolescents aged five to 17 years should accumulate 60 minutes of moderate-to-vigorous physical activity (MVPA) each day. Evidence also suggests that they should engage in vigorous physical activity at least 3 days a week (Colley, Garriguet, Janssen, Craig, Clarke & Tremblay, 2011).

Many studies purporting to discuss health literacy are limited to information, knowledge and action within health care settings. In contrast, broader notions of health literacy include the capacity to understand and act on messages that are central to making critical judgments and decisions not only in health-related settings, but also about health. While reports focusing on medical literacy are relatively easy to identify, the literature on the broader concept of health literacy is much more elusive (Peerson & Saunders, 2009).

In a world where knowledge truly is power, education and literacy are the basic building blocks that unlock the gates of opportunity and success. All citizens have the responsibility as parents, caregivers, educators, leaders to instill in individuals, children and communities the critical drive for literacy and learning so that they can be given the chance to fulfill their dreams. Abel, Hofmann, Ackermann, Bucher, and Sakarya (2014) argue that health literacy is content specific. In public health and health promotion, health literacy in the private realm refers to individuals' knowledge and skills to prevent disease and to promote health in everyday life.

There are also claims that people with poor health literacy skills are less knowledgeable about health, receive less preventive care, have worse chronic illness control, poorer physical and mental health function and higher emergency department and hospital utilization (Hibbard, Peters, Dixon & Tusler, 2007). Contrary to that, Zarcadoolas, (2010) maintains that health literacy also consists of a wide range of skills and competencies that people develop to seek out, comprehend, evaluate and use health information and concepts to make informed choices, reduce health risks and increase quality of life. Improving health literacy is seen as a necessary goal in improving health and reducing health inequity.

According to Peerson and Saunders (2009), implicit in many of the broad concepts of health literacy is the view that obtaining, processing and

understanding basic health information is intrinsically connected to ‘appropriate health decisions’ or decisions that are consistent with promoting or maintaining good health. Nutbeam (2008) has reiterated how health literacy is critical to empowerment by improving people’s access to health information and their capacity to use it effectively, to exert greater control over their health and enabling them to use health information in ways that promote and maintain good health.

Health literacy is considered to include health related knowledge, attitudes, motivation, behavioural intentions, personal skills and self-efficacy. In other words, it would seem that the new omnibus edition of health literacy incorporates all of the major psychological, social and environmental constructs that influence individual health choices (Nutbeam, 2000). Pleasant and Kuruvilla (2008) assert that health literacy agenda in Australia and elsewhere is aimed at improving health and reducing inequities by empowering both individuals and communities to make informed and ethical decisions about their health. Additionally, the role of individuals’ motivation and activation in health literacy needs to be better understood, and to inform social marketing and health promotion initiatives.

Furthermore, Ratzan (2001) indicated that to attain health literacy, policymakers and leaders outside of the health sector must be aware of the critical elements that contribute to health illiteracy. Framing such issues can mobilize forces from those outside the traditional health policy to truly develop health, ultimately affecting the social, economic and environmental determinants. Effective communication can lead the advance of health in the 21st century and health literacy ought to be common currency to be shared that values health as a central tenet of individual and community life. Regardless of everyone’s role in health promotion, medicine or education, a healthier world is in reach as people contribute towards realising the ideal of a health literate people. Zarcadoolas, Pleasant and Greer (2005) further support the wide ethical and political viewpoint of seeing health as the resource of life mentioned in Ottawa Charter for Health Promotion.

Brey, Clark and Wantz (2007) elucidate that health literacy as the ability to search, interpret and understand basic information about health and use the information to promote health. They view health literacy in four parts. A critical thinker studies the health problem and creates a solution. A responsible citizen considers that he or she has the responsibility to maintain the community healthy, safe and free from fear. A life-long learner recognizes the need to use information about health during his or her whole life. An efficient communicator expresses beliefs, ideas and information about health.

Limitations

The study was conducted in one township of Gauteng Province and could not be generalised to the whole of Gauteng Province or South Africa. The study sample was also small. Including more townships with a larger sample might have added more roles and views of youth cricket club members with regards to health literacy.

Recommendations

- Lifelong learning of youth with regards to health literacy is of paramount importance. The community health nurses, school health nurses and school health educators in schools should conduct health literacy assessments for youth prior to designing health education programmes.
- Life skills training of youth on a continuous base should be taken into account. Moreover, school health nurses should incorporate health literacy into-health-related curricula or health promoting programmes to improve health literacy skills for youth as to facilitate them to engage health promoting activities further.
- Further study needs to be conducted to examine pathways for effects of health literacy on health risk behaviours such as smoking, alcohol use or substance abuse and to assess the importance of health literacy relative to and in the context of youth skills for achieving health outcomes.

Conclusion

The study described health literacy and its association with regard to the roles and views of cricket youth players. Youth were empowered with health literacy information so that they can live a positive life. While public policies need to set certain preconditions for health, youth must also actively participate in their health as part of their contribution to civil society. Health literacy as a major health investment and health development strategy needs long-term commitment, strong partnerships and powerful youth. Health literacy demands awareness because if the youth do not close the health literacy gap, the whole society and indeed the global community will suffer.

Health literacy represents 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. Health literacy means more than being able to read pamphlets and successfully make appointments. By improving youth's access to health information and their capacity to use it effectively, health literacy is critical to empowerment.

The project promotes sustainability with regard to human capital to move towards and ultimately achieve solutions and activities that develop, nurture,

motivate and add value to the life of the communities especially the youth. The study also sets the ground for the achievement of sustainable development goal (SDG) 3 which is to ensure healthy lives and promote wellbeing for all ages. Capacity building in relation to health literacy and knowledge of basic life skills were acquired. Progress is built and made on the Millennium Development Goals (MDGs) 2 and 7 (Achieve universal primary education and Ensure environmental sustainability) and reflect a new focus on non-communicable diseases and achievement of universal health coverage.

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