

## **Health Literacy in South Asia: Clarifying the Connections between Health Literacy and Wellbeing in Pakistan**

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### **ABSTRACT**

The objective of the present study is to explore the levels of health literacy among the rural and urban population of Pakistan and its connection with their subjective wellbeing because promoting health and wellbeing for all have been declared as a sustainable development goal by United Nations. The present study used qualitative methods conducting in-depth interviews with male and female population from two districts of the Punjab to achieve study goals. Findings indicated that a low levels of health literacy prevails in rural areas while the case is little different in Urban areas. Health literacy increases the wellbeing of the people while there are some factors like religious and cultural beliefs of the local community about health which affect the wellbeing of the people even in presence of the good health information. Comprehensive and tailored programs for community mobilization and advancing health literacy are recommended to promote health and wellbeing.

**Key Words:** Health Literacy, Wellbeing, Health, Punjab

### **Introduction**

The WHO defines 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” (WHO, 2011). In contemporary societies people are challenging a health decision making conflict due to availability of various health care options (Kickbusch, 2005). With the synchronicity of multicultural and indigenous methods of health care, people are increasingly challenged to make healthy lifestyle choices to manage their personal and family health (McAndrews, McMullen, & Wilson, 2011). Knowledge based modern societies are actively marketing unhealthy lifestyles and health care systems which are difficult to cross due to presence of complex and very specialized services. Most often, according to The World Health Organization our conservative education systems have failed to provide people with adequate skills to access, understand, and exploit information to improve their health (WHO, 2011).

Health literacy has appeared as a vital skill required for maximum personal health. Initially, only individuals were being considered under the umbrella of

health literacy but with the passage of time other models of health literacy have been developed and considered health literacy as a public and societal issue (Nutbeam, 2000).

In given context, the role of health literacy becomes pivotal which helps individuals in assessing, understanding, appraising and applying health related information more effectively for better health outcomes. Health literacy which emerged as a discrete form of literacy has become increasingly important for social, economic, and health development (Kichbusch, 2001). On the basis of this categorization, health literacy can be represented as the cognitive ability possessing social skills which determine the ability of individuals to gain access to, understand and use information in ways which promote and maintain health (Nutbeam, 2000). According to American Medical Association (AMA) health literacy is a “constellation of skills, including the ability to perform basic reading and numerical tasks required to function in the health care environment” (Bastable, 2008). Nonetheless, the most widely used definition suggests that health literacy refers to “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Sorensen, et al., 2012). An analysis of these definitions suggests that health literacy relates to individuals and their social setting in which they live. It cannot be one-way process that only depends upon the patients, but it is linked with the social and cultural context of individuals. Thus, health literacy capabilities are very important to reduce errors through improving the communication between health care provider and patients. Moreover, it is critical to understand text results, following verbal and printed directions, caring of oneself and family, and decision making about the ones health status (McCune, 2010).

Although Government of Pakistan has taken a number of initiatives and started a number of programs in the name of health education, health awareness and health promotion, but these are not specifically aligned with the very concept of health literacy. Moreover, these concepts are not very much comprehensive to incorporate all health related issues including the personal knowledge competence of individuals in any health care system, social support for improving health, navigation of health care system and appraisal of the available information for treatment whereas all these factors are core to the health literacy whereby health literacy incorporates personal as well societal factors towards health care, disease prevention, and health promotion. The present situation of health education in Pakistan is insufficient and indicates a knowledge gap in Pakistan about health literacy and its impact on society. Concurrently, there is a need to work specifically on health literacy in Pakistan targeting its specific themes for improved health outcomes in the country.

### **Health literacy in South Asia**

In developing countries like Pakistan there are many alternate healthcare providers serving alternatively like Hakeem's, Ayurveda and herbal medicine, those who

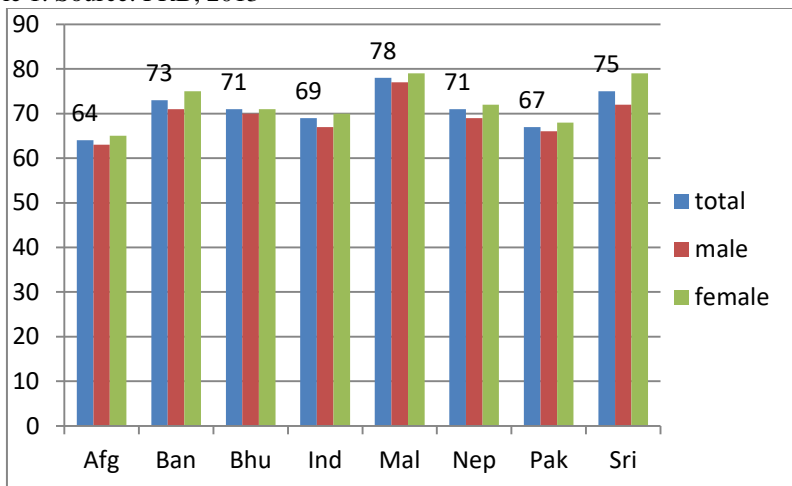
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have no medical education but have worked as a medicine mixing clerks with some of the clinics and physicians and homeopaths. It shows that due to these alternate health care systems in South Asian countries and availability of variety of health information may be affecting the health and well-being either positively or negatively. In South Asian countries health literacy has been recognized as important social determinant for health, however a comprehensive assessment is not available in many Asian countries. However, other indicators like general literacy, life expectancy and disease prevalence are evident for the prediction of health literacy conditions in the region.

**Life expectancy in South Asia**

South Asian countries	Total	Male	Female
Afghanistan	64	63	65
Bangladesh	73	71	75
Bhutan	71	70	71
India	69	67	70
Maldives	78	77	79
Nepal	71	69	72
Pakistan	67	66	68
Sri Lanka	75	72	79

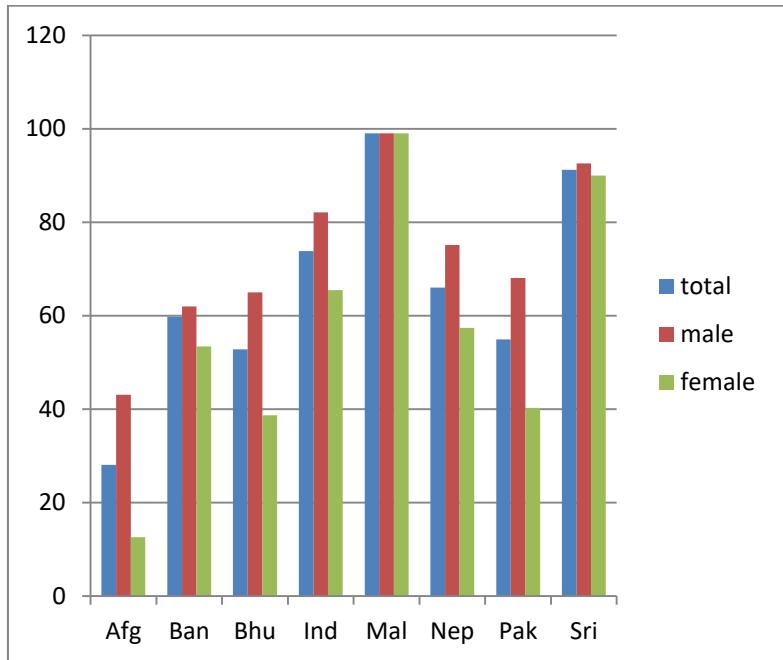
Table 1. Source: PRB, 2013



**Adult literacy**

Asian countries	Total	Male	Female
Afghanistan	28.1	43.1	12.6
Bangladesh	59.82	62	53.4
Bhutan	52.8	65	38.7
India	73.8	82.1	65.5
Maldives	99	99	99
Nepal	66	75.1	57.4
Pakistan	54.9	68.1	40.3
SriLanka	91.2	92.6	90

**Table 2. Source: World Bank Report 2019**

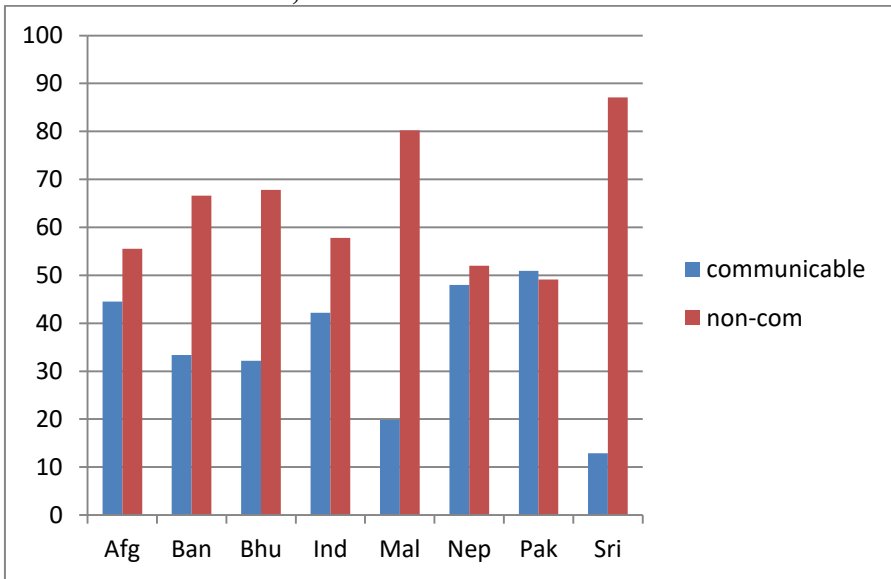


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**Prevalence of communicable and non-communicable diseases**

Asian Countries	Communicable diseases	Non-communicable diseases
Afghanistan	44.5	55.5
Bangladesh	33.4	66.6
Bhutan	32.2	67.8
India	42.2	57.8
Maldives	19.8	80.2
Nepal	48	52
Pakistan	50.9	49.1
Sri Lanka	12.9	87.1

**Table 3. Source: WHO, 2011**



**Objectives of the study**

- To find out the determinants of health literacy
- To explore the possible factors that may affect the connections between health literacy and wellbeing

**Literature review**

In modern society, health has multifaceted demands from the individuals concerning their knowledge and capability to meet these demands (Sørensen, 2013). Health literacy is a relatively new research area. It became more vibrant in the last decade inviting a range of scholars and researchers for investigation and innovation (Baker, 2006).

Hanchate, Ash, Gazmararian, Wolf, & Paasche-Orlow (2008) highlighted that limited health literacy is closely linked with socioeconomic environment and demographics. Age, educational achievement, sex, race and ethnicity are its key factors that could be accredited to poor health status, health outcomes, and health care utilization. The study topic is very comprehensive, vast and complicated in nature as it covers multiple dimensions of health literacy and subjective wellbeing.

Thai & George (2010) reported that the concept of health literacy had been very important because it links the different stages of health like poor health, low health and better health. The higher the level of health literacy will ultimately lead to the better health of the people. Only those people are interested to learn, read and teach about the importance of health literacy who wants to have good level of health. The lower level of health literacy is associated with the poor health status in which people suffer from multiple diseases as they have poor considerations of medical conditions, information and preventive measures. These people are more hospitalized due to lack of basic health literacy. But on the other hand, the people who have adequate level of health literacy enjoy good health.

Speros (2005) investigated that health literacy is an intellectual concept and a number of existing concepts are including in it. It can be defined in many ways relating to facilities, abilities and consciousness to personal health. According to it health literacy can be defined as, "health literacy represents such skills which may be social and intellectual as well through which individuals are able enough to gain access to, understand and use information to promote and maintain good health". This definition clearly mentions that health literacy is directly related with the personal traits and linkages with information about health. It can only be successful when there is personal commitment to attain the anticipated level of health that can only be possible with strong willingness.

Rowlands et al. (2015) discovered that the poor health literacy has become an important issue because it is not only the inaccessibility of the knowledge about basic health rather it leads to poor health that creates many other problems for government. It portrays that the people involved with unhealthy lifestyles having lower level of health literacy. They do not enjoy the same level of happiness like others having good level of health literacy. The people with less education, poorer, older and ethnically disadvantaged are involved in it.

Paasche-Orlow et al. (2005) determined that the topic of health literacy has become an important concern of the medical students now. The doctor-patient relationship is essential to handle with the different health related issues. We can achieve the high level of health literacy only when there will be a good relationship between doctor and patients. It is the role of health literacy which brings closer both of them and gives better results. The Australian Commission on Safety and Quality in Health Care recommends that synchronization is very advantageous between healthcare providers and consumers. This can be achieved through inserting health literacy into policies and the practices, ensuring the detailed and clear information, the focused attention of both health care providers

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and clients, educating the people about health literacy and assimilating it with professionals.

Osborne et al. (2013) explored that the traditional measures of health literacy include the calculation and reading the information related to health. It is impossible that all of the professionals of medical sector are highly literate about their concerned fields. Some of them have little knowledge about their fields and they rely on their colleagues in the regular routine. It is their duty to learn first about health literacy so that they may teach the health service to clients about this information. The study was conducted on the university students who were enrolled in different health programs. The survey was done for this which found that health literacy plays a role like backbone in human body because it provides the more chances to perform their health-related tasks more effectively.

For the first time Nutbeam (2000) presented three levels of health literacy based progressive model including: (1) functional health literacy that includes adequate basic skills in reading and writing to be able function effectively in everyday situations. (2) Interactive health literacy that includes more advanced mental and literacy skills which, together with social skills, can be used to actively participate in everyday activities, to extract information and derive meaning from different forms of communication, and to apply new information to changing circumstances. (3) Critical health literacy that includes more advanced cognitive skills, which together with social skills, can be applied to critically analyze information, and to use this information to apply greater control over life events and situations.

Mitsutake et al. (2016) conducted a study about E-health literacy. For this a cross-sectional survey has been done to see the link between E-Health literacy and general performance of the respondents. The cross-sectional survey was based on online internet service that was conducted to attract the attention of different categories of the respondents. In the general health related behavior, respondents were asked by different questions about daily routine i.e. smoking, consumption of alcohol, the daily routine of physical exercise, the sleeping hours, the quality and quantity of breakfast, the meals, they take usually, and the balance of nutrition. This study was done in Japan in which Japanese version of E-Health Literacy Scale was used by professionals for data collection. The results of the study were measured using logistic regression analysis. The respondents with high E-Health related services have good health as compared to the other respondents who do not get benefit from e-health services. The study also concluded that balanced nutrition and routine of physical exercise also help to maintain good health.

Wang, Thombs, & MR (2014) pointed out that health literacy identifies the particular capabilities about the pointers of health. It encompasses the concepts that are related with patients and try to test it empirically their conditions. The authors also discussed about the psychometric analyses that support the concept of health literacy in a broader form. It is also renowned that health literacy is a

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combination of different sub indicators that deals with whole package of competencies about health.

Ahmed et al. (2018) examined the adult population of Karachi, Pakistan to find out the level of health literacy among youth. The data on the basic demographics and health literacy matrix was collected from adults and applied HL survey questionnaire. The study found that most the participant of the study don't have sufficient amount of health literacy i.e. 82.4% of the respondents showed lower level of health literacy. Similarly, a vast majority of the respondents i.e. 70% reported that it is difficult to manage and understand the health-related information. So, the study concluded that the role of health professionals is very important to raise the level of knowledge of the adults regarding health literacy.

Baker et al. 2002 showed a study to see the relationship between health literacy and admittance to the health care provider. The study used different term of health literacy like functional health literacy and used hospital admission as the risk factor. It was found in the study that lower level of functional health literacy is directly related to the higher level of hospital admission. The study also explored that applicants with higher level of health literacy showed higher level of preventive measures behavior.

### **Research design**

Qualitative method was used to investigate the levels of health literacy and their connections with wellbeing in the present study. Previous studies on this topic and the existing literature shows that most of the researchers have used quantitative techniques and different statistical methods on it to predict levels of health literacy and its link with different health outcomes. However more detailed and in-depth understanding is also needed to know the determinants of health literacy and the factors which affect its relationship with different health outcomes and people's wellbeing. So, the researchers used qualitative methods also to examine the occurrence of health literacy, social, cultural and religious beliefs regarding health and wellbeing which may be the possibly affecting the outcomes of health literacy.

### **Geographical setting of the study**

Two districts of Punjab Province have been selected for this study i.e. Rawalpindi and Rajanpur. Selection of these two districts is based upon their health indicators ranging from highest to lowest along with their general literacy. These two districts differ in disease prevalence from highest to lowest therefore these two districts were selected for this purpose of observing variation in the responses.

### **Selection of the respondents**

As this topic is very complex and sensitive therefore the process for the selection of the respondents was a difficult phase in the research. By considering the



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objectives of the research purposive sampling technique was used for selection of the respondents. Purposive sampling occurs when a researcher wants in-depth investigation (Neuman, 2006). The respondents ranging from aged 40 to 60 years were selected since this age is most critical for decision making regarding health care in Pakistan. Twenty in-depth interviews were conducted from males and twenty from the females with an equal share from the rural and urban population of the two aforementioned districts.

### **Tool for data collection**

For the qualitative research in-depth understanding of topic and facts inside it is required. Interview guide is best appropriate method for this when the researcher wants to go for deep observations and in-depth understanding of the topic. So, keeping in view the objectives, difficulty and sensitivity of the topic in-depth interviews were conducted. 20 in-depth interviews were conducted from different respondents and people from different walks of the life.

### **Data analysis**

Qualitative data analysis is a very important phase in qualitative research method that requires the association and handling of the collected data carefully. The data are analyzed on the basis of different themes in qualitative research. Similarly, in this study as we were doing qualitative research at the first stage interviews were transcribed and were reviewed many times to come up with final form. Thematic Analysis has been done to find out the result of this current study in which researcher adopted qualitative research method and interview guide has been selected as a tool for data collection.

### **Findings**

In qualitative research the development of the themes has been done on some specific criteria including literature and tool-based themes along with those emerging from the field and data.

### **Health literacy and subjective well-being**

An important part of qualitative research was to find out link between health literacy and level of subjective well-being that how increased the information about health literacy will help in increased level of subjective well-being. Therefore, during the qualitative data collection some direct questions were asked from the respondents of the current study to examine that how health literacy help in maintaining a good and healthy life and increase the level of the wellbeing. Many respondents stated that if we have good knowledge about health

literacy we can definitely manage our ailment and we can maintain our good health.

### **Basic information about health**

In modern societies people are more conscious about their health. Health literacy has become an important concern now a days. It is basically an intellectual development that shows the excitement of the people to have an access to information about different levels of health to maintain good health.

Health literacy programs have been introduced through media campaigns but still more than half of population around the world does not know how to use information about health literacy because they are not trained enough. The researcher found similar results as one of the respondents said that,

“I always keep myself engaged in advancing health information to other family members since I live in joint family system. I am conscious about personal and family health so I remain eager to learn new things for maintaining health”

Those people who are conscious about their health, better consequences of good health literacy may be seen among them. They look healthy and have a smile on their faces that reflects their consciousness about health.

### **Socio-demographic features and health literacy**

For the strong association between health care providers and clients gender plays a vital role in it. Gender is an important concept which influence on transfer of information. If healthcare providers and patients have same gender then it would be easy for them to transform the information to one another and ultimately it would lead to high level of health literacy. Most of the studies have found that females have lower level of literacy due to their cultural roles and responsibilities (Salem, 2018). It was revealed in the studies that there are a lot of cultural barriers which limits the mobility of woman in society.

“Visiting a health care provider alone or with only a female without taking into the notice of a male family member seriously put them doubted regarding their character.” Hence, it becomes very difficult to capture health related information to our own and we have to be dependent on male counterpart”

### **Active management of personal health**

It refers to the behaviors and management of individuals about their own health which includes access, organization, integration and use of personal abilities to

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gain good status of health. There are many different strategies which an individual can adopt to maintain his/her own health. One of the respondents argued that:

“Personal care assures good health. People who care more about their health are more willing to live a happy and healthy life and they are the ones who achieve good health and better wellbeing”

### **Social support provided by family and friends**

It is also an important indicator to promote better health and enhancing health literacy. Social support means support provided by social organs like family, siblings, children and friends etc. (DiMatteo, 2004). This support may be direct and indirect as well. Direct support is from the family side in case of ailment and diseases while indirect support may include messages and phone calls that increase level of health literacy and encourage the person (Lewis & Rook, 1999). About social support one of the respondents argued that:

“Social support is the power of a person. The individual who has more social support enjoys his life better than who lacks. I am about 45 years of age and I do not need such support like the people who are above 50. Yet the family gathering around me gives me pleasure”.

Social support includes those services that are provided by the family, friends, peer group and close members of society. But the support of the life partner is much important than any other member because the life partner always with you in all circumstances. His/her support is related with higher level of emotions.

### **Navigating health care system**

Health literacy enables the people to know about better health centers. Woman face many problems to navigate health care centers similarly migrants also face difficulties to find out the health facilitation centers because they do not know about new locality (Ministry of Health and Care Services, 2013-17). The findings of the current study demonstrate the same as one of the female respondents answered,

“Being a female, I face more problems in locating a better healthcare center because the females have strong restrictions in the male dominant society to visit the bazaars (Markets). The young married women also have to face more problems and they only rely on the wishes of their husband for any kind of medical visits”

## **Engagement with health care provider**

It is very important to maintain a link between health care providers and patients. The dissatisfaction between health care providers and clients leads to lower level of engagement between both of them (Kumar, 2016). Same result was found from one of the respondents:

“If the healthcare provider and consumer both know each other, there is a close engagement between them. I personally feel that my doctor gives proper and special time to me because I get regular treatment from him”.

## **Cultural and religious barriers**

Culture refers to norms, values and language etc. and it is directly associated with health literacy. If you have more cultural awareness then you can get higher level of health literacy and language plays a vital role in it (Singleton & Krause, 2009). The reading and writing of basic language especially the English throws impact health literacy. For example, a person who does not know how to read and write his health literacy level will be zero. The cultural beliefs and cultural patterns influence it also because there are some ethnic groups that do not wish to get treatment from the modern medication (O’Connell et al., 2013). Minorities always face more cultural berries than majorities due to different cultural orientation. They are also different in language and appearances and health care providers do not treat them equally (Singleton & Krause, 2009).

Sometimes people are not interested to get treatment from modern medication system due to cultural barriers they prefer to get treatment from traditional ways. This shows that culture has large impacts on health literacy. Some religious misconceptions and cultural beliefs also change the conception of health and wellbeing for the people.

## **Implications**

The findings of the present study can be very useful to enhance health literacy in South Asian countries especially in Pakistan. Such programs and policies can be devised by the government that can be helpful for promoting health literacy of the rural and urban communities separately.

This study can be used at policy level to initiate such policies that may be helpful in promoting health and wellbeing of the people by improving their health literacy and enabling them to actively manage their own as well as family’s health.

## **Conclusion**

As the result of this qualitative research it has been concluded that health literacy is directly connected with wellbeing but there are different

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cultural beliefs and religious misconceptions about health that affect the wellbeing of the people. If a person has high level of health literacy it does not mean that he will be able enough to get high level of wellbeing. An individual has to move according to his/her cultural norms, values, beliefs and cultural traits. Although we are living in modern societies but still we cannot deny some of the cultural attributes that are still present in many parts of the society. Many people still believe on traditional way of medication despite the availability of modern technologies.

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