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Health Literacy: A Key Component in the Prevention and Control of Physical and Mental Health Conditions

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Dear Editor,

Health literacy (HL)—the capacity to access, understand, appraise, and apply health information—has emerged as a foundational determinant of health across the lifespan (1). As the global burden of noncommunicable and infectious diseases continues to rise, the role of HL in disease prevention and control warrants renewed attention (2, 3). Recent evidence published in Health Scope and elsewhere underscores that HL is not merely an adjunct to clinical care but also a critical, modifiable factor influencing physical and mental health outcomes and emerging diseases across diverse populations (4-6).

The COVID-19 pandemic illustrated the consequences of inadequate HL. In a study of Brazilian immigrants, Lucas Silva Camargo et al. identified vaccine hesitancy as a significant barrier to pandemic control, shaped by limited access to trustworthy information and socioeconomic vulnerabilities (4). This finding aligns with a systematic review of 17 observational studies demonstrating that higher HL is consistently associated with lower vaccine hesitancy across multiple contexts and vaccine types. However, this relationship is not uniform: cultural factors and vaccination type can reverse this association, as observed among some parents regarding childhood immunizations (5). These findings suggest that HL interventions must be culturally tailored and context-sensitive to effectively reduce hesitancy and strengthen infectious disease prevention.

Beyond infectious diseases, HL plays an important role in mental health promotion. Ahmadi's comparative analysis of academics coping with COVID-19 in Iran, Sweden, and international contexts revealed that health-related knowledge and coping resources significantly moderated psychological distress during the pandemic (6). This finding is consistent with emerging evidence on multidimensional HL models. In adolescents, the synergistic effects of eHealth literacy and mental health literacy create a dual barrier of "cognitive defense–behavioral regulation," reducing both problematic social media use and symptoms of depression, anxiety, and stress. Mental health literacy, defined as the knowledge and beliefs that facilitate the recognition, management, and prevention of mental disorders, has been instrumental in reducing stigma and promoting help-seeking behaviors, especially among adolescents and young adults (7). These findings support integrating mental health literacy into school-based and community HL programs as a primary prevention strategy.

Physical health similarly depends on HL. Mostaghim et al.'s systematic review of policies promoting physical activity in children and adolescents highlights that structural interventions alone are insufficient without accompanying efforts to build individual and community HL (8). Indeed, adolescents with higher HL engage in moderate-to-vigorous physical activity significantly more often, although the relationship with body composition and cardiorespiratory fitness is partially mediated by other factors. Similarly, Nohbaradar et al. found that adherence to a Mediterranean diet and participation in physical activity—both protective against metabolic syndrome—are influenced by health-related knowledge and skills (9). These findings reinforce the role of HL as a prerequisite for

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translating health recommendations into sustained behavioral change.

The structural and equity dimensions of HL cannot be overlooked. Biglari Abhari et al.'s systematic review of the social determinants of women's reproductive health demonstrates that HL intersects with education, income, and access to health care in shaping health outcomes (10). Likewise, Akhavan's call for equitable, knowledge-based health care for sexual violence survivors emphasizes that HL must be embedded in trauma-informed and rights-based service delivery (11). At the systems level, Hoseini Ahangari et al.'s altmetric analysis of health literacy promotion systems shows growing scholarly and public attention to HL, yet translation into policy and practice remains uneven (12). This gap between evidence and implementation represents a critical challenge for health systems globally.

Collectively, these contributions make a compelling case for HL as a central pillar of disease prevention and health promotion, spanning infectious disease control, mental health, chronic disease prevention, and health equity (13, 14). As Health Scope continues to advance multidisciplinary public health research, we urge greater emphasis on intervention studies that test scalable, culturally appropriate HL strategies across diverse settings. The evidence is clear; the imperative now is to translate knowledge into policy and practice.

Health literacy is a critical determinant of health because it underpins the prevention, screening, and self-management of both physical and mental illnesses. Its importance lies not only in supporting individual health decisions but also in improving population health outcomes and reducing health disparities. Therefore, measuring and enhancing HL across all segments of society is essential. To achieve this, existing HL assessment tools should be reviewed and tailored to different age groups. In addition, future tools should incorporate questions addressing the physical and mental health conditions most relevant to each age group and should be accompanied by practical interventions such as targeted community education and digital health tools.

Footnotes

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