



# An Intersectional Analysis of Gender-Specific Barriers to Adolescent Health Literacy in South Africa

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## Abstract

Various studies have shown that influencing factors such as gender, race, and socio-economic status could significantly impact adolescents' health literacy in South Africa. The adolescent stage is crucial for acquiring and developing health-promoting knowledge and behaviors. Therefore, this study aimed to analyze the gender-specific determinants that prevent adolescents from accessing, understanding, and utilizing health-related information and services through an intersectionality theoretical lens. This study used content analysis of secondary data from 2010 until 2023 from electronic databases such as SciELO, Google Scholar, the Directory of Open Access Journals, Scopus, and governmental reports. From the initial 102 articles and documents obtained from the search process, a total of 26 papers were included in this study. The results indicated that gender roles, cultural norms, heteronormativity, gender-based violence, and associated stigmatization are gender-specific barriers to adolescents' health literacy in South Africa. Based on the study findings, I argue that multi-stakeholder engagement is needed to address the identified barriers and collaboratively develop and implement a gender-responsive health literacy programme that promotes equitable and non-judgmental access for young people to health information and services in South Africa.

**Keywords:** heteronormativity, gender, content analysis, intersectionality theory, health literacy

## 1. Introduction

Health literacy empowers individuals to make informed decisions about their health and well-being, enabling them to understand health-related information and access and utilize healthcare services (Amanu et al., 2023a). Adolescence is a critical stage in which young people undergo emotional, physical, and cognitive transformations, as well as adopt habits and attitudes that will shape their health outcomes in the future (Sodi et al., 2022; Viner et al., 2012). During this time, health literacy plays an important role in preparing young people to

achieve positive health outcomes (Khanal et al., 2023). According to Amanu et al. (2023a), these health outcomes are reflected in lifestyle choices such as nutrition, sexual behavior, substance use, and exercise. Furthermore, health literacy improves health-related decision-making, disease prevention, and harm reduction skills, as well as empowers young people to seek medical assistance, access healthcare services, understand instructions, and effectively communicate with healthcare workers about their needs, resulting in shared decision-making (Adewole et al., 2021). Despite its huge potential benefits for adolescent health outcomes and public health in general, gender-related issues may limit the impact of health literacy. Gender is a critical determinant of health that intersects with many aspects of health and has the potential to exacerbate existing health inequities (Sun et al., 2018). Shakya et al. (2019) explained that gender factors could have a disproportionate effect on teenagers' health outcomes. Heteronormativity, gender norms, and societal roles can all contribute to unequal access to health information and services (Laiti et al., 2019). This was supported by Milner et al. (2019), who argue that adherence to masculinity traits is a predictor of lower health literacy. Consequently, gender issues could affect adolescents' access to sexual and reproductive health (SRH) information and services such as contraception, safe sexual practices, and family planning. Studies have shown that societal expectations of masculinity and femininity can affect adolescents' willingness to seek help for various health issues (Ssebunya et al., 2022; Basterfield et al., 2014)). Considering this, this study aimed to provide answers to the central research question below by collecting, analyzing, and interpreting the existing body of knowledge through an intersectionality theoretical lens: "What are the gender-specific barriers that impact adolescents' health literacy in South Africa?" The study investigated the nuanced relationship between gender-specific barriers and adolescents' health literacy in South Africa with the aim of providing insights on how to address these barriers and promote gender-responsive health literacy among young people, leading to equitable and positive health outcomes among adolescents in South Africa.

### **1.1. Intersectionality theory, gender, and health literacy**

Intersectionality recognizes that people's lives are influenced by multiple interconnected aspects of their identity, leading to unique experiences and challenges that cannot be understood by considering each identity factor in isolation (Atewologun, 2018). In the context of gender and health literacy in South Africa, Moodley (2019) argues that intersectionality could provide a lens through which we can comprehensively understand and analyse the complex interactions of these variables. Because South Africa's population is diverse, with various ethnicities, socioeconomic backgrounds, and cultural contexts, intersectionality theory is especially relevant for this study. According to intersectionality theoretical lenses, gender-specific barriers to health literacy are not uniform across all individuals; instead, they are shaped by a mix of identities, resulting in unique challenges that require tailored interventions (Macgregor, 2023). Intersectionality acknowledges that people with multiple marginalized identities may face additional disadvantages (Alvidrez et al., 2021). For example, an adolescent girl from a low-income family may face barriers to health literacy that are different from those faced by affluent girls. Interventions can be targeted and effective if these compound disadvantages are recognized. Bowleg (2021) maintains that understanding intersectionality also assists policymakers and healthcare providers in designing more inclusive and effective interventions. Policies can be more responsive and equitable if they recognize the diverse needs of different identity intersections. Intersectionality promotes multifaceted approaches to overcoming gender-specific barriers. By considering the interplay of various factors, interventions can address the root causes of disparities rather than just the symptoms (Macgregor, 2023). This study focuses on gender-

specific barriers to adolescents' health literacy while noting that other intersecting factors like socioeconomic background, geographic location, and so on may also contribute to this issue.

## **2 Methods**

This study adopted a content analysis of secondary data published from 2010 until 2023 from electronic databases such as The Scientific Electronic Library Online (SciELO SA), Google Scholar, the Directory of Open Access Journals (DOAJ), Scopus, and governmental reports. To ensure efficient review and analysis, I followed Logan's (2020) and Mozersky, Friedrich, and DuBois' (2022) guidelines on content analysis of relevant secondary data, focusing on selection criteria, search databases, search protocols, appraisal, data synthesis, and evaluating the evidence. The research question guiding this study is "What are the gender-specific barriers to adolescent health literacy in South Africa from 2010 to 2023?"

In order to collect representative secondary data relevant to this study and the research question, I searched the mentioned online databases for both published qualitative and quantitative studies between January 1, 2010, and March 31, 2023.

### **2.1. Inclusion Criteria**

The following inclusion criteria inform the selection of secondary data used for the study:

- Literature published from 2010 to 2023.
- Sources focusing on adolescents' health literacy, gender, and barriers to health literacy in South Africa
- Sources are written in English. Both qualitative and quantitative research

### **2.2. Search Databases**

The secondary data used for the study were mainly sourced from electronic databases such as The Scientific Electronic Library Online (SciELO SA), Google Scholar, the Directory of Open Access Journals (DOAJ), Scopus, and governmental reports.

### **2.3. Search Process**

Some of the keywords and phrases searched for include adolescents' health literacy, gender, gender-related barriers, and health education. To ensure that the search is focused, Boolean operators, namely 'and,' 'or' and 'not,' were used (Fink, 2014; Booth, Papaioannou, & Sutton, 2012). These boolean operators were used to combine the keywords to search the electronic databases. A total of 102 documents were identified for appraisal and analysis.

### **2.4. Appraisal and Data synthesis**

Porritt et al. (2014) explained that appraisal is necessary to exclude articles whose quality compromised the study objectives. The 102 documents obtained during the search process were appraised based on their relevancy to the research question, objective, and setting of this study. Each article was screened for meeting the predefined inclusion criteria. The selected studies' trustworthiness, validity, and rigour were also considered. After the appraisal, a total of 26 articles were selected for analysis.

### **2.5. Data Analysis and Interpretation**

Data related to the study objectives, such as gender-specific barriers and adolescents' health literacy, were extracted from 26 selected articles. This was followed by a content

analysis of the extracted data by categorizing and coding the data to identify common themes and patterns (Mayring, 2022). I identified the recurring themes within the data that were interpreted within the context of gender-specific barriers to adolescent health literacy in South Africa. This led to a table of emergent themes. To enhance the trustworthiness of the data analysis process, extracted data was analyzed independently by two other coders, and the final table of four emergent themes (Table 3.1) was agreed upon.

## 2.6. Ethical Considerations

To uphold the integrity and ethical standards of this research, I followed Suri's (2020) ethical guidelines for conducting a systematic review. A transparent selection criterion was implemented to mitigate potential biases stemming from both publication and researcher biases. All secondary data utilized in this study were meticulously and appropriately cited, emphasizing the importance of proper referencing. To guarantee the originality of the content, a plagiarism checker, Turnitin, was employed, ensuring that the similarity index remained below an acceptable threshold.

## 3. Results

The following key themes and sub-themes emerged from a data analysis of searched literature on gender-specific barriers to adolescents' health literacy in South Africa.

Table 3.1: *Emergent themes*

Themes	Sub-themes
Gender roles	Masculinity traits Health care decision making
Cultural norms	taboos Cultural health beliefs
Heteronormativity	Non-inclusivity Inadequate healthcare provider understanding Mental health and well-being
Gender-based violence	Stigmatization Barriers to seeking healthcare

### 3.1. Gender Roles

The findings indicate that traditional gender norms and expectations often affect what is deemed proper conduct for males and females. Young people's attitudes about obtaining health-promoting information or health-related assistance may be influenced by masculinity traits and an assumed gender role in health-care decision-making.

#### 3.1.1. Masculinity traits

Gender norms, such as masculinity traits, create barriers to discussing certain health topics, such as sexual and reproductive health, resulting in limited access to important health information and services (Luoto et al., 2021). Among male adolescents, societal expectations about masculinity discourage help-seeking behaviors and the expression of vulnerability (Basterfield et al., 2014). These norms can make it difficult for them to seek healthcare and

health information. Furthermore, traditional notions of strength and self-reliance may influence male adolescents' understanding of health, leading to a lack of awareness of preventive health practices (Gittings et al., 2023).

### **3.1.2. Healthcare decision making**

Men's predominance in healthcare decision-making and communication patterns in healthcare settings can result in less attention to adolescents' male health concerns and limited access to health information (Beia et al., 2021). Furthermore, gender norms can influence who makes healthcare decisions in a family (Stavropoulou, 2019). Males may be perceived as decision-makers, influencing how sexual health information is disseminated and acted upon. This dynamic can limit women's ability to make informed sexual and reproductive health decisions (Nkonde et al., 2023).

## **3.2. Cultural Norms**

The study findings showed that cultural norms such as taboos and cultural health beliefs around discussing sexual and reproductive health can result in stigma (Nduna & Jewkes, 2011). The South African Department of Health (2020) indicated that boys endure growing pressure to adhere to culturally prescribed gender norms beginning in adolescence. In the same vein, these norms can discourage adolescents, especially girls, from seeking information and services related to contraception, family planning, and sexually transmitted infections (Gillespie et al., 2022).

### **3.2.1. Taboos**

Cultural taboos can prevent girls from seeking information about contraception or reproductive health (Erasmus et al., 2020; Gillespie et al., 2022), leading to uninformed decisions and potential health risks like early pregnancies or sexually transmitted infections. Likewise, girls might receive inadequate information due to cultural taboos (Meagley et al., 2016). In addition, cultural taboos and language barriers may prevent open discussions about specific sexual health topics, including sexuality, thus affecting both genders' health literacy (Svanemyr, 2020). This culture of silence can be a barrier to health literacy.

### **3.2.2. Cultural health beliefs**

Cultural norms intersect with gender and race, influencing health beliefs and practices (Müller, 2016). Young people from different racial backgrounds might approach health differently due to cultural factors, affecting their health literacy needs (Kolundzija & Marcus, 2019).

## **3.3. Heteronormativity**

Heteronormativity refers to the assumption that heterosexuality is the default and normative sexual orientation, leading to the marginalization and erasure of non-heterosexual identities (Govender, 2011). It was revealed from data analysis that this societal norm could influence adolescents' health information, healthcare access, and health literacy through non-inclusivity and poor understanding by healthcare providers, as well as affecting mental health and wellbeing.

### **3.3.1. Non-inclusivity**

The findings revealed that heteronormativity could lead to health information that focuses primarily on heterosexual experiences and relationships, ignoring the unique health needs and

concerns of LGBTQ+ people (Francis 2019). This lack of inclusivity can make it difficult for non-heterosexual adolescents to access relevant and accurate health information, resulting in lower health literacy levels (Adekola, 2023b; Glover & Macleod, 2016).

### **3.3.2. Inadequate healthcare provider understanding**

It emerged that when healthcare workers who hold heteronormative assumptions fail to fully understand the unique health needs of young LGBTQ+ people, it can lead to inadequate communication, misdiagnoses, or the avoidance of sensitive health topics during consultations, ultimately affecting patients' health literacy (Jonas et al., 2019).

### **3.3.3. Mental health and well-being**

The study found that heteronormative-driven hostile environment towards young people who are LGBTQ+ individuals, could affect their mental health and self-esteem (Sumbane & Makua, 2023). This could interfere with individuals' capacity to seek and process health information (Chan et al., 2022), thereby impacting their health literacy. Stavropoulou (2019) noted that males who do not share heteronormative ideals may avoid seeking health care services for a sexually transmitted infection (STI) to avoid being discriminated against or humiliated.

## **3.4. Gender-Based Violence**

This study found that gender-specific experiences, such as gender-based violence (GBV), can have a negative impact on adolescents' health literacy. Because of fear, shame, or a lack of support, girls who have experienced gender-based violence or stigma are more likely to be hesitant to seek health information or care (Ikuteyijo et al., 2023). This can result in a lack of knowledge about available health services and resources.

### **3.4.1. Stigmatization**

Young people may be hesitant to seek healthcare services, including health education materials, due to stigma, discrimination, and fear of judgment (World Bank, 2022; Francis & DePalma, 2014). This reluctance can lead to delayed care (Stavropoulou, 2019), missed preventive measures (Ikuteyijo et al., 2023), and poorer health outcomes (Sumbane & Makua, 2023), all of which can be linked to lower health literacy.

### **3.4.2. Barriers to seeking healthcare.**

Adolescents experiencing gender-based violence may feel disempowered, affecting their self-esteem and confidence (Thwala et al., 2018). This may hinder their ability to actively seek out and engage with health information or healthcare services (World Bank, 2022), thus perpetuating a cycle of lower health literacy.

## **4. Discussion**

Using the intersectionality theoretical lens to discuss the key findings of this study, namely gender roles, cultural norms, heteronormativity, and gender-based violence, elucidate the multi-dimensional nature of gender-specific barriers to adolescents' health literacy in South Africa. Gender roles intersect with other social categories like race, class, and sexuality (Amanu et al., 2023b). This is in line with Smith et al. (2020), who assert that gender and other social stratifications are influential determinants of health literacy. This could result in traditional gender roles reinforcing stereotypes that limit access to health information for adolescents. In some communities, expectations placed on girls may prioritize caregiving

over holistic health education, while boys may face pressures to conform to certain masculine norms, potentially discouraging them from seeking information on sensitive topics (Meagley et al., 2016). For example, healthcare providers may demonstrate gender stereotypes and provide different health information and care for men and women who have the same health challenges (Stavropoulou, 2019). Likewise, In South Africa, cultural norms shaped by a history of diverse communities intersecting with gender could create barriers to young people's health literacy. Adolescents' comfort levels in seeking health information can be influenced by cultural expectations regarding modesty, respect for authority, and traditional practices. Cultural stigma associated with certain health issues, such as reproductive health, may discourage open dialogue, thereby impeding the development of comprehensive health literacy.

The assumption that heterosexuality is the norm intersects with gender identity and sexual orientation, creating barriers to inclusive health education. South Africa has made progress in recognizing LGBTQ+ rights, but heteronormative biases in some educational settings continue to exist, marginalizing LGBTQ+ adolescents (Francis & DePalma, 2014). This exclusionary environment limits the relevance of health information to diverse gender identities and sexual orientations (Francis & Kylie, 2022). In the same vein, in South Africa, due to the high rates of gender-based violence, adolescents experiencing violence may face profound health literacy challenges. Trauma from violence can impede young people's ability to seek information, thus negatively affecting their access to health literacy.

#### **4.1. Recommendations**

To address these barriers through an intersectional lens, I argue that any interventional program will require a holistic approach. This approach should recognize and acknowledge the diverse identities and experiences of adolescents, ensuring inclusivity and relevance. In addition, interventions should be culturally competent, considering the diverse cultural norms that shape adolescents' experiences. I recommend that such programs be proactively sensitive to cultural nuances, which can facilitate open conversations about health. Furthermore, in order to combat heteronormativity, health literacy programs in schools and for health workers should explicitly include LGBTQ+ perspectives. Similarly, creating safe spaces for diverse gender identities and sexual orientations could foster a more inclusive understanding of adolescents' health issues.

Given the prevalence of GBV in South Africa, I propose that adolescent health literacy programs adopt a trauma-informed approach that recognizes and addresses the trauma of young people who have experienced GBV, hence ensuring a supportive learning environment. I further advocate for improving healthcare workers' cultural competence to better cater to the diverse needs of young people. The healthcare workers should undergo sensitivity training to ensure an inclusive and non-discriminatory environment for accessing health services. In addition, community engagement and awareness-raising initiatives can play a crucial role in breaking down cultural taboos and promoting open dialogue around adolescents' health issues. Furthermore, the use of social media and innovative technology to disseminate health-promoting information to young people should be harnessed and maximized (Adekola, 2023a).

Based on this study findings, I predict that policymakers, educators, and healthcare workers will be more inclined to work collaboratively to develop gender-responsive health interventions when they understand the relational dynamics between gender and health literacy. Consequently, this will promote equitable health literacy and positive health

behavioral outcomes among adolescents, ultimately contributing to improved health outcomes in the country.

## 5. Conclusion

This study used an intersectionality theoretical lens to highlight the complex relationship between gender roles, class, and sexuality in adolescent health literacy in South Africa. Gender roles, gender-related cultural norms, heteronormativity, and GBV impact adolescents' access to health information, shape societal expectations, individual comfort levels, and young people's utilization of health services. To address these barriers, holistic, culturally competent, gender-responsive, and inclusive health literacy programs are recommended. Collaborative efforts among policymakers, educators, and healthcare workers are crucial to fostering equitable health literacy and positive health behavioral outcomes among adolescents.

### 5.1. Limitations of the study

This review of secondary data, akin to all systematic reviews, is constrained by publication bias as it exclusively examines published secondary data. It is conceivable that some relevant articles may not have been identified through the search strategy employed. Nevertheless, I conducted additional reference mining to mitigate the likelihood of such omissions.

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