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SOCIALISATION AND HEALTH LITERACY: THEORIES, AGENTS, AND THE INFLUENCE

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ABSTRACT
This article reviews literature on the influence of socialisation agents towards the promotion of health literacy (HL) to attain better health hence productive society. The paper specifically reviews theories, debates, and realities on the influence of socialisation agents on HL. A systematic literature review was conducted using a documentary research method, various search engines were used to obtain information based on the keywords. The key words included in the study were socialisation, socialisation theories, socialisation agents, means/ ways of socialisation, HL, and the influence of socialisation on HL. In conducting systematic literature review, aspects of the protocols by Cochrane Methods and the criteria articulated by PRISMA for reporting in the field of health were employed. The articles which met those criteria were selected and underwent the quality assessment and data extraction. The search identified 1692 publications, abstract screening was done from 1021 qualified publications, and 340 full-texts were screened for eligibility. Only 77 articles reflected the theme of this review. The review revealed that literature indicated the existence of influence of socialisation on HL through socialisation agents. This indicates that efforts to enhance HL should significantly focus on these agents. It is recommended that various stakeholders should devise interventions which will enhance health knowledge beginning at socialisation agents.

Keywords: socialisation, socialisation theories, socialisation agents, influence, health literacy

1.0 INTRODUCTION
Globally, socialisation agents have been observed to exert a certain influence on health literacy. It is through socialisation, which entails the learning and teaching process of which people acquire values, other related knowledge, skills and other orientations in the course of various interactions in family, schools, peer groups and media which in turn shape and form their lifestyles and behaviours in the society (Shim *et al.,* 2011). Among others, the agents of socialisation contribute significantly to the creation of health literacy (HL) which in turn improves personal health and wellbeing throughout human life and this is possible through various interactions in the community (Froh *et al.,* 2010). Literature (Whitbeck, 1999; Gonzalez, 1993*;* Shim *et al.,* 2011; Zipin *et al.,* 2015; Roulette, 2019) report that socialisation agents (such as families, media, childhood friends, the educational system, and social media and schools) play a significant role towards the acquisition of health-related knowledge, skills and other directions which enable people to live and make wise health decisions when they encounter health problems as well as to access and utilise health care accordingly.

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Health literacy (HL) is amongst health-related aspects which can be acquired or influenced by socialisation agents. HL can be easily understood and imparted to the community through socialisation agents starting in early childhood to adulthood. Families and schools have been observed to influence the community members from childhood and throughout their lives on various health- related knowledge, skills and other directions. Thus, cultivating to children and young people healthy behaviours and improve their health status, this in turn reduces health risks and build better society which is healthier and productive in all spheres of human development. Definitely, the influence of socialisation agents on health issues in the community result in community change in health behaviours through which the population is highly instigated to become health literate and be able to address health problems wisely particularly when they come across with them in the community.

Health Literacy (HL) is the extent by which individuals in the community have the capacity to obtain, process, understand health related information and services available towards making prudent health decisions (Nutbeam, 2008; Muhanga and Malungo, 2017). HL is very essential for every individual as it allows taking control of their own wellbeing by bettering healthcare choices and improving people's communication with care providers particularly when they interact with them (Muhanga and Malungo, 2018). In addition, inadequate HL in the community impacts negatively an individual's ability to access and use health care in the community as well (Bayat, 2013). Moreover, the agents of socialisation such as family, peer groups, schools and media have great influence through which HL can be addressed and communicated to the community and improve health status of the population. The promotions of HL through socialisation agents contribute in abundance to reduce diseases resulting from low HL hence improve health status of the population (Atkins *et al.,* 2016).

Despite the efforts which are made to promote HL among the population with a view of improving health status, existence of low HL can be noted for a number of reasons, among them being, low involvement of socialisation agents in creation of health literate societies (La Montagne *et al.,* 2014). Socialisation agents have to be considered as important stakeholders towards diseases prevention, health care and health promotion. These agents significantly contribute to reduction of health disparities through awareness creation which in turn improve health status and care in the community. Again, the agents of socialisation can impart health knowledge and influence behavioural changes among the people by enhancing health related knowledge which reduces lifestyle diseases originating from low HL (Paakhari and George, 2018). The potentiality of these agents lie on the fact that, socialisation across the world came into force no sooner had the first man appeared on the earth than socialisation started (Ornaghi *et al.,* 2020). This indicates that socialisation agents have the potential to improve health related knowledge and skills hence improvement of HL in the society. It is in this view that the need to enhance HL in the community through effective engagement of socialisation agents for self-care remains inescapable. This article reviews literature on this important but silent aspect on public health discipline. The paper specifically reviews theories, debates and realities on the influence of socialisation agents on HL.

2.0 METHODOLOGY

This study is based on desk review of thematic literature on the influence of socialisation agents on HL in the community. It is a review of theories, critiques and debates on the same. A documentary research method was used in gathering relevant information from books, journal articles and conference papers. A documentary method is a logic process by which particular evidence is used to document essential issues and can as well be seen as a method to categorise, investigate and interpret written documents whether in

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the private or public sphere. Consequently, it is the analysis of the documents that contain information about the observable facts under the study (Cobo *et al.*, 2012; Tesch, 2013; Muhanga and Malungo, 2017). In conducting systematic literature review, some aspects of the protocols by Cochrane Methods (Higgins & Green, 2008) and the criteria articulated by PRISMA for reporting in the field of health (Beller *et al*, 2013; Chandler & Hopewell, 2013) were employed. The protocol and PRISMA require having data search strategy, selection process, quality assessment, data extraction, result, data synthesis indicated in the report.

Data search strategy included literature search in various databases to obtain information based on the search query. There were no limitations in terms of years of publication; this is due to the fact that the concept of socialisation has a long history. This review focused on the influence of socialisation agents towards promotion of HL to attain better health hence productive society. In reviewing literature, keywords involved were : "*socialisation, theories of socialisation, socialisation agents, means/ ways of socialisation, HL, the influence of socialisation on HL , socialisation theories*".

The selected articles were those that focused on the keywords identified, also , peer-reviewed articles and written in English language. The articles which met those criteria were selected and underwent the quality assessment and data extraction. The study adopted different assessment tools or guidelines to measure the quality of the selected studies.

Data were extracted from the selected papers specifically by obtaining information based on the key focus of the review. A systematic search was made from a total of six (6) databases with pertinent search terms in English. The search identified 1692 publications, abstract screening was done from 1021 qualified publications and 340 full-texts were screened for eligibility. It is only 77 articles reflected the theme of this review which was on the theories, debates and realities on the influence of socialisation agents on HL.

3.0 FINDINGS FROM THE REVIEW

3.1 Theories on Socialisation

3.1.1 Talcott Parsons' Social Theory

The theory claims that the family is amongst the vital institutions in primary socialisation; apart from the family being the provider of basic needs including food, shelter, and safety, it is the family that has been teaching a child various cultural and social standards which have been guiding children towards maturity and even throughout their lives. This theory also postulates that the most important aspect is that the child should be capable to internalise the taught standards also norms rather than just learn them, failure to internalise them may lead to their ineffective participation in cultural and or societal aspects at some points in their lifetime. It is through primary socialisation, Parsons (195) argues that children are prepared to take up various roles as adults; this is where primary socialisation is considered to have significant influence on both the personality of a child and emotional state of being.

3.1.2 Theory of personality development

It was developed by Sigmund Freud, a physician and creator of psychoanalysis. The theory hypothesises that biological instincts and societal influences shape the way an individual becomes an adult. According to Freud (1962), : the id, the superego and the ego are the components composing the mind. The components composing the mind must cohesively work together in balance to allow an

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individual to effectively interact with and be a part of society. In case any amongst the components of the mind surpasses the others or dominate, an individual is likely to register some kind of personal and or social problems. Freud declares that "the id forms first; the id makes a person act strictly for their pleasure. A new-born's mind only contains the id since all they ask for are physical desires. The superego develops as an individual moves into childhood and is described as the development of a conscience. The individual becomes aware that there are societal norms to follow and conforms to them. Lastly, the ego develops into late adolescence and adulthood and is the part of the mind that resolves conflicts between the id and the superego. The ego helps a person make rational decisions that comply with the rules of society" (Freud 1962; Hockenbury & Hockenbury 2003).

3.1.3 The theory of Social Behaviourism

George Herbert is the one who developed the theory of social behaviourism. This theory claims that it is from the social experiences that the self is created. He further claims that "The self is the portion of the being consisting of self-image and self-consciousness—as individuals interact with others, they build up this self, the self is not created by biological instincts, but rather solely by societal influences" (Cronk, 2021). It is hypothesised in this theory that the use of language and exchange of symbols in conveying meaning are the ones which compose the societal experiences. To understand other people it requires individuals to place themselves in those people's position; that also demands taking up those other individual's role, it is through their understanding of the other person's role self-awareness can be achieved.

3.1.4 Theory of the Looking-Glass Self

This theory was developed by Charles Horton Cooley. The theory postulates that it is our societal interactions that form our self-image. In this theory, the role of significant others is recognized in terms of how their opinions are of significance to other people, consequently having strong influences on how other people think about things and themselves. Any person can be a significant other: a family member, friend, and spouse. There are steps which are proposed in this theory towards the formation of the self, these are: "an individual thinks about how a significant other perceives them, they imagine that a judgement about them is made by the significant other based on that perception they have of the individual; based on how the person believes the significant other sees them, they create a self-image" (Cooley, 1902; Rousseau, 2002).

3.1.5 Theory of Cognitive Development

The theory of cognitive development was created by a psychologist named as Jean Piaget. It postulates that development and maturity of a child's mentality is a result of that child growing older and the interaction with society. This theory identifies periods of development , the main ones, including: "the sensorimotor period, the pre-operational period, the concrete operational period and the formal operational period" *(*Fischer, 1980). The sensorimotor period covers the period from birth up to two years of age; this is the stage which infants do learn specifically through the use of their motor skills and senses. During this particular stage, the goal mainly here is that an infant has to learn the fact that an object could still exists despite not directly being in sight; this aspect is termed as object permanence. Another period is termed as the pre-operational period, it covers roughly the period from two to seven years of age, and this is when a child's capability in conceiving symbolic thought develops, though with less capability in reasoning. It is also during this same period, children do not seem to comprehend conservation, which is

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the ability to understand that different-looking objects can have the same measurable features, such as area, volume, and length. The other period, the concrete operational period, covers the period of seven years of age to eleven. During the stage, children are observed to have the ability to solve problems or mental operations, only in regards to tangible objects or real events which are in minds. The formal operational period stage is the other, which is covering age eleven all the way to adulthood, it is during this period individuals do learn to solve problems which are in hypothetical circumstances; the stage involves thinking symbolically, logically, and in abstract *(*Fischer, 1980).

3.2 Types of Socialisation

3.2.1 Primary Socialisation

Primary socialisation denotes early period in individuals' lives, it is when individuals primarily learn and build themselves by making use of the existing interactions and experiences. Essentially, this begins with the family at home, it is during this period individuals learn the accepted and unaccepted in the society, social norms, and cultural practices that finally an individual is likely to take up. Through primary socialisation, children are taught in their families, among others, how to bond, building relationships, and comprehending essential concepts among them are the concepts of trust, love, and togetherness *(*Whitbeck, 1999). Institutions including childhood friends, the family, social media and the educational system, are presenting potential agents of primary socialisation. It is through such agents the socialisation process of a child is influenced, as children acquire what they may need for their entire life. It can be noted that sometimes agents of socialisation are restricted to individuals who directly surround a particular person (i.e. family and friends). However, there are other agents, including the educational system and social media which have been observed having a significant influence on people too (Gonzalez, 1993). Under this type of socialisation the family can pass some messages on the *dos* and *donts* connected to health aspects hence influencing their literacy on health.

3.2.2 Secondary Socialisation

This type of socialisation takes on board the role of media which can transfer enormous knowledge on diverse cultures and the society. The media is very influential agent of socialisation. Through such processes, children gets an opportunity to learn to behave in public opposed to home, and ultimately they learn to behave the way other people do in different situations (Solodnikova, 2007).

3.3 Socialisation Agents and Health Literacy: The Nexus

The term HL emerged in the world from a growing awareness of content-specific literacy in a health context in the early years of 1970s and led to examination of the relationship between low literacy and a range of health conditions plus the effects of low literacy. Innumerable discussions around the world which highlighted the growth of interest and importance of HL which have also concluded that low HL affect the world's population disproportionately could be traced from the literature (Oldfield and Dreher, 2010; Stocks *et al.,* 2009).

Thus, from the literature, it is unmistakably revealed that low HL and inadequate knowledge related to health issues hinder people to understand their health and make appropriate decisions on their health problems which result in negative health outcomes. It is also evident that many people have limited HL, though HL is very important towards healthier life in the community (Chen *et al.,* 2019). Despite, the significance of HL which contributes drastically to improvement of health status of the people, there is substantial evidence that HL is given low priority by various health stakeholders (Poureslami *et al.,*

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2011). Low literacy in the world's population is often linked to poor socio-economic circumstances which is always associated with adverse effects on peoples' health. Generally, people with poor literacy on health issues tend to be less responsive to health education, less likely to use disease prevention services and to successfully manage chronic diseases. Evidently, low literacy stands as an obstacle to sustainable development hence a need to improve HL is inevitable (Muhanga, 2019). In order to maintain society which is health literate, there is a need to significantly, among others, focus on the role of socialisation agents towards health education. Christensen *et al.,* (2019) argue that improving HL in school settings where children from different backgrounds are found is very important and providing adult literacy programs for that in need is also imperative (Christensen *et al.*, 2019). Schools are regarded as necessary agents towards achievement of HL (St Leger, 2001).

Furthermore, developing HL in the community through education is very essential and very likely to result into substantial public health benefits as well (Dry, 2019). It is argued that HL is a significant input in building community which is healthier and productive. This proves the fact that individuals with higher levels of HL in the community have wider chances and opportunities to find health information and make effective decisions on health issues than people with limited HL (Holtzman *et al.,* 2017). Health literacy capacitates people to better develop their health knowledge and improve their potentiality to achieve personal goals, and participate in economic and social activities in the community. It can be concluded that for health literacy to be enhanced the society cannot escape from involving the socialisation agents.

3.4 Agents of Socialisation and their Influence on HL

The following are the agents of socialisation which play potential roles in influencing the population to become health literate and able to make robust decisions when a person encounters health difficulties or interact with care providers.

3.4.1 The family

Families, "the closest set of people to an individual", these are the individuals who normally have the utmost influence in socialisation process. Notably, a lot of people have been relying heavily on the support of the family up to early adulthood all the way from birth, mainly on basic requirements including shelter, food, guidance, and nurturing. As a result of this, numerous influences from the family form a part of the growing individual. There is substantial imposition from the family on language, race, culture, class and, religions, which do result into to the child's self *(*Whitbeck, 1999). It is in this context that deviant behaviours could be noted at some point in a child life if the family at any rate had failed to continuously be present and strongly on the child's behaviours. It can be noted that several theories of primary socialisation postulate the incidences of deviant behaviour and even drug abuse at adulthood are associated with the degree of bonding in the course of this process plus the norms learned during childhood. It is further argued that the primary socialisation process of an individual among others is affected by the ego levels of adults close to the person, as well their behaviour's towards others (Nurco, 1999).

Family as an agent of socialisation has great influence on HL to its members for instance it is family that teaches or shows the child how to become health literate by introducing the children to the basic issues of health and how the world works (Kushalnagar *et al.,* 2018; Hassan *et al.,* 2020). In addition, the primary function of the family is not solely to procreate (reproduce) children but to locate children socially and

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playing a great role of socializing them so as to become good and resourceful people in the society (Alkanchi *et al.*, 2020; Hassan *et al.*, 2020). It is apparent that HL in the community is an important aspect which can be transferred in the community through various interactions amongst people at family and assist people to become health literate on health related issues (Zipin *et al.*, 2015). Good example in the society, a family with parents or other family members who are educated or have health related knowledge on health related issues has an opportunity to socialize other family members and become health literate being able to find and access health information and make vigorous decisions. Families with educated members on health related issues in the communities have great influence in preparing children to become health literate through various interactions (Koh *et al.*, 2013; Roulette, 2019). Meanwhile, families whose parents are neither educated nor health literate and other related health knowledge become difficult for them to emphasize HL and health related knowledge for their children instead they underline obedience and conformity when raising their children (Cader, 2017). While parents with HL and health related knowledge in the families usually do instruct their children to adhere to health related knowledge and skills which are beneficial to their health and enable them to become knowledgeable on health related issues (Cader, 2017).

In addition, the more repeatedly children hear about health information and other health related knowledge from their parents or family members in the society where they live the level of HL to the children is likely to be enhanced (Paek *et al.*,2010). For instance, teaching family members body cleaning, cutting hairs, washing hands instantly after coming from latrines or toilets and the like reduce lifestyle-related diseases in due course and increases HL also assist to build up better society which is healthier and productive. Under this situation children are effectively socialised and raised to behave the way their parents are living in the communities. Worldwide, various studies (St Ledger, 2001; Okan *et al.*, 2019) portrayed that developing HL to children in the families is very essential since health related knowledge and skills acquired benefit not only family members but also the entire community through trickle down effects of socialisation.

4.4.2 Peer Group

A peer group which is made up of people who are similar in age and social status is one among the agents of socialisation through which people learn from others and share interests and experiences as well in the community (Hitti *et al.*, 2020).Obviously, peer group socialisation in the community begins in the earliest years of childhood for instance when children with health knowledge and skills acquired from health literate families interact with other people, such socialisation capacitate them to acquire health related information and channel to others in the community. Good knowledge of health skills and other health related issues acquired by children from their respective families including; cleaning bodies, timely washing hands with water and soap every time after attending the toilets or latrines all these can be communicated to other children in the community through peer socialisation in the community (Loveday *et al.*, 2014).

In addition, through peer groups other children can be socialised and influence other people in the community to become health literate when they interact with children which in turn reduces lifestyle diseases accompanied by low literacy all over the world. Similarly, according to Roulette (2019) community health efforts can be improved by involving children. Obviously when children are health literate it's likely that they will assist other people living with them in understanding other health related issues (Bröder *et al.*, 2017; Bröder *et al.*, 2020).

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Generally, the influence of peer groups as the socialisation agents is important not only to the children but also to the whole community by bettering understanding of how to maintain health and wellbeing of the people from childhood to adulthood. Also, peer groups provide opportunities for children to socialise and engage in different kinds of activities with their peers than they do with their families by so doing children become knowledgeable of various issues including health related issues. Again, peer groups expose children to diverse experiences of life through numerous interactions outside the realm of their families (Boyle *et al.,* 2014).

A peer group comprises of individuals of the same age and social class. It can be noted that through joining such groups, children start to detach from the authority imposed by the family on them, and commence making their choices. Deviant behaviour have been noted from the negative influences as peer groups exert peer pressure on individuals (Nurco, 1999).These groups in an individual's life have significant effects on the primary socialisation process since they can influence an individual to think or act differently.

4.4.3 School

Educational systems have responsibility of imparting to children new knowledge, order and bureaucracy. Other cultures, races and religions which are different from that a child is familiar with are learnt at school too. There is a significant influence education has been observed to have on the individuals thinking and acting that relate to the values and norms in their current society. Take an example of gender roles; take a look at how schools teach children to behave in a certain way from a young age, based on their gender.

Despite the fact that family remains an important part of children's socialisation even when children or pupils get into school still the school setting has great influence to children where the learning of new knowledge and skills to children (pupils) through various interactions with people from different backgrounds occurs (Hill and Tylor, 2004). Generally, it is at school where children from elementary to high school levels spend a lot of time almost a day. Therefore, during their stay at schools, pupils or children learn various knowledge in classrooms and other skills from their fellow children. The knowledge imparted to children at school is expected to shape and prepare them to become health literate in their respective societies. Schools in the community socialize children by teaching formal curriculum but also a hidden curriculum (Karabon and Johnson, 2020).

Therefore, formal curriculum includes reading, writing, and arithmetic whereas the hidden curriculum which schools impart to children is cultural values of the society in which the schools are found (Alsubaie, 2015). Assuredly, schools as the socializing agents of the children who come from different backgrounds in the community enable them to acquire knowledge and skills which influence children to shape and modify their attitudes and behaviours (Paek *et al.,* 2010). Schools are broadly recognised as the most important setting for influencing the promotion of HL and health related knowledge in the community from an early age (Whitley *et al.,* 2013;WHO, 2017a, 2017b). In addition, HL being embraced by schools and linked with other many topics it can easily and successfully addressed, taught and learned within schools and classrooms to influence people become health literate as well.

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Therefore schools across the world contribute to the achievement of public health goals in conjunction with their educational commitment and the influence of schools in the community plays a great role towards the attainment of HL. For instance, schools contribute to health by creating favourable conditions for children's achievement through school environment, with proven health benefits and empowering young and future generations to make healthy decisions (Turunen *et al.,* 2017). Again, socialisation in school settings plays great role of making children and other staff in school settings acquire health related knowledge, skills and other directions through various interactions particularly when HL and other health related knowledge are granted to children within the school environments (Paakkari and Paakkari, 2012). HL and other health related knowledge acquired by children in school settings as the agents of socialisation influences and contributes significantly to reduction of effects that associating with low HL knowledge in the community (Rosal *et al.*, 2005; Sørensen *et al.*, 2012; Amagir, 2018). This is possible as the children grow up and become adults in the community being health literate from schools influences other community members to participate actively and exhaustively in community health programs established and leads in the increase of the knowledge of HL (Safeer and Keenan, 2005).

Schools as the socialisation agents in the community provide health education and other health related knowledge which in turn enable children to understand the risks and how to control such risks related to human health. Therefore, when children with significant HL from schools interact with people in the community children become stimulant of HL and significantly influence the community members to learn and become health literate (Sørensen *et al.,* 2012).

Generally, school has great influence in the community as the agent of socialisation since community members benefit adequate HL through various interactions with children from school settings. Globally, various studies indicated that schools have long been observed as an important setting for influencing and promoting health, personal hygiene and social development of children and adolescents in the communities which in turn influence people to become health literate (Sørensen and Okan, 2020). The social role of schools is vital and yet the changes in the world today are characterized by the influence of schools as the agents of socialisation through which HL and health related knowledge are imparted to facilitate people to reduce lifestyle-related diseases and build better society which is healthier and productive in the global (Sørensen and Okan, 2020).

4.4.4 Media

It is apparent that family, peer groups and schools are regarded as the primary and intimate socialisation agents for people especially children, media for a long period of time have also been considered important socialisation agents through which people are socialized all over the world (Paek, *et al.,* 2010;Sohn *et al.,* 2012). Mass media as one among the agents of socialisation has vast effects on peoples' lifespan and the influence of mass media on HL knowledge contributes to changes of peoples' attitudes and behaviours all over the community. However, mass media influence health attitudes and behaviours of people especially adolescents through health information on television, magazine, internet and other media types for example new entertainments and advertisements which are made available to the children in the public (Gray, *et al* ., 2005).

However, it is definitely that the growing use of the internet globally has provided opportunities for the people to enhance public health through information searched and obtained on the internet of which influences youths to become health literate. And be able to share such information with others in the

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community and enables people to have wider chance of decision making when interact with care providers. Likewise, the influence of mass media as the agents of socialisation has positively contributed to enhance HL and other health related knowledge in the global (Ho *et al.*, 2008; Valerio *et al.*, 2016). Social and mass media form part of powerful socialisation agents. Radio, magazines, newspapers, social networks, films, internet, and Television are forms of mass media which send messages and entertain large audiences. The messages which are sent by the social media have always had effects on the way children see themselves and the world around them (Kelly, 1999).

4.4.5 Religion

Religion presents very crucial agents of socialisation and social control. The roles played by religions are significant towards organizing and directing social life, these include temples, mosques, church, etc. Parental religious participation stands as an influential part of religious socialisation–its influence outweighs that from religious peers or even religious beliefs. In almost all families, some of the other religious practices are observed on one or the other occasion. A child who sees parents attending to either a church or mosque and performs religious ceremonies, his course of life is likely to be influence with what parents have been doing and that particular child's ideas are likely to be shaped too. Obviously there has been normally a difference between the children who have risen in religious homes and those who have not in terms of their degree of religiosity.

5.0 CONCLUSION AND RECOMMENDATIONS

It has been observed from the review of literature that socialisation agents have a very significant influence on acquisition of health related knowledge which in turn enhances health literacy of the children. This process continues to influence health related knowledge as an individual progresses into adulthood. Obviously, there is a need of making effective use of the agents of socialisation to effectively to address issues of health literacy. Definitely, what is learnt at earlier ages is likely to stick to individuals memories all the way to their adult hood. It is through socialisation, that individuals learn and acquire values, other related knowledge, skills and other orientations in the course of various interactions in family, schools, peer groups and media which in turn shape and form their lifestyles and behaviours in the society. It is recommended that various stakeholders in the health sector direct significant efforts towards dissemination of health related knowledge to influence knowledge through the agents of socialisation.

REFERENCES

Alkanchi, H. M., Yusoff, Y. M. and Zaidan, A. M. (2020).The Role of Muslim Families Awareness in Promoting Education for Human Development in Sokoto State, Nigeria. *Journal of Usuluddin*48(1): 147 – 166.

Alsubaie, M.A. (2015). Hidden curriculum as one of current issue of curriculum.*Journal of Education and Practice* 6(33):125 – 128.

Amagir, A., Groot, W., Brink, M. V. H. and Wilschut, A. (2018). A review of financial-literacy education programs for children and adolescents. *Journal of Citizenship, Social and Economic Education* 17(1): 56 – 80.

Atkins, M. S., Rusch, D., Mehta, T. G. and Lakind, D. (2016). Future directions for dissemination and implementation science: Aligning ecological theory and public health to close the research to practice gap. *Journal of Clinical Child and Adolescent Psychology* 45(2): 215-226.

Bayat, A. (2013). *Life as Politics: How Ordinary People Change the Middle East*. Stanford University Press. 392pp.

Journal of Co-operative and Business Studies (JCBS)
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Full Issue and Text Available at: http//www.mocu.ac.tz

Boyle, M. H., Georgiades, K., Duncan, L., Comeau, J. and Wang, L. (2014).The Ontario Child Health Study Team.The 2014 Ontario child health study - methodology.*The Canadian Journal of Psychiatry* 64(4): 237 – 245.

Bröder, J., Okan, O., Bauer, U., Bruland, D., Schlupp, S., Bollweg, T. M. and Jordan, S. (2017). Health literacy in childhood and youth: A systematic review of definitions and models. *Journal of BMC Public Health* 17(1): 361-386.

Bröder, J., Okan, O., Bauer, U., Schlupp, S. and Pinheiro, P. (2020). Advancing perspectives on health literacy in childhood and youth. .*Journal of International Health Promotion* 35(3): 575 – 585.

Cader, N. H. (2017). Exploring experiences of mental health in second generation south asia, Canadians: Master of health sciences program. Dissertation for Award of MSc Degree at University of Ontario Institute of Technology, Canada. pp. 1 – 10.

Chen, L., Baird, A. and Straub, D. (2019). Fostering participant health knowledge and attitudes: An Econometric Study of a Chronic Disease - Focused Online Health Community. *Journal of Management Information Systems* 36(1): 194 – 229.

Christensen, J., Aarøe, L., Baekgaard, M., Herd, P. and Moynihan, D. P. (2020). Human Capital and Administrative Burden: The Role of Cognitive Resources in Citizen-State Interactions. *Journal of Public Administration Review* 80(1): 127 – 136.

Cobo, M. J., López-Herrera, A. G., Herrera-Viedma, E. and Herrera, F. (2012).Scimat: A new science mapping analysis software tool. *Journal of the American Society for Information Science and Technology* 63(8):1609 - 163.

Cooley C.H. (1902). *Human Nature and the Social Order*. New York: Scribner's, , pp. 179-185.

Cronk, G. (2021). **George Herbert Mead (1863—1931).** *The Internet Encyclopedia of Philosophy*, ISSN 2161-0002, https://www.iep.utm.edu/.

Dry, M. R. (2019). Addressing Health Literacy and Collaboration in Mobile Clinics Utilizing Teach-Back Methodology and Health Care Provider. Thesis for Award of PhD Degree Faculty of Liberty University, Lynchburg, pp. 16 - 40.

*Fischer, Kurt W. (1980). "A theory of cognitive development: The control and construction of hierarchies of skills". Psychological Review. **87** (6): 477–531. doi:10.1037/0033-295x.87.6.477*

Freud, Sigmund. (1962). The Ego and the Id W.W. Norton and Company, USA, 9-29

Froh, J. J., Bono, G. and Emmons, R. (2010). Being grateful is beyond good manners: Gratitude and motivation to contribute to society among early adolescents. *International Journal of Motivation and Emotion* 34(2): 144-157.

Gray, N. J., Klein, J. D., Noyce, P. R., Sesselberg, T. S. and Cantrill, J. A. (2005). Health information seeking behaviour in adolescence: The place of the internet. *Journal of Social Science and Medicine* 60(7): 1467 – 1478.

Hassan, M. M., Uddin, J., Pulok, M. H., Zaman, N. and Hajizadeh, M. (2020). Socio -economic Inequalities in Child Malnutrition in Bangladesh: Do They Differ by Region? *International Journal of Environmental Research and Public Health* 17(3):1079-1087.

Hill, N. E. and Taylor, L. C. (2004). Parental school involvement and children's academic achievement: Pragmatics and issues. *Journal of Current Directions in Psychological Science*13(4):161 - 164.

Hitti, A., Elenbaas, L., Noh, J. Y., Rizzo, M. T., Cooley, S. and Killen, M. (2020). Expectations for cross-ethnic inclusion by Asian American children and adolescents.*Journal Group Processes and Intergroup Relations* 23(5): 664 - 683.

Journal of Co-operative and Business Studies (JCBS)
Vol. 6, Issue 1, April 2021 ISSN: (Online) 2714-2043*, (*Print) 0856-9037
Full Issue and Text Available at: http//www.mocu.ac.tz

Ho, S. S., Brossard, D. and Scheufele, D. A. (2008). Effects of Value Predispositions, Mass Media Use, and Knowledge on Public Attitudes Toward Embryonic Stem Cell Research. *International Journal of Public Opinion Research* 20(2): 171-192.

Hockenbury, Don and Hockenbury, Sandy. (2003). Psychology Worth Publishers, New York, 454-471

Holtzman, W. H., Evans, R. I., Kennedy, S. and Iscoe, I. (2017). Psychology and Health: Contributions of Psychology to the Improvement of Health and Health Care. *International Journal of Psychology* 22(2): 221 - 267.

Karabon, A. and Johnson, K. G. (2020).Conceptualizing Culture: How Preservice Teachers in the Rural Midwest Confront Subjectivities.*Journal of Teacher Education Quarterly* 47(3): 32 - 54.

Kelly, K. (1999). "Media and Primary Socialisation Theory". *Substance Use & Misuse. **34** (7): 1033–1045. doi:10.3109/10826089909039395*

Koh, H. K., Brach, C., Harris, L. M. and Parchman, M. L. (2013). A Proposed 'Health Literate Care Model' Would Constitute A Systems Approach to Improving Patients' Engagement in Care. *Journal of Health Affairs* 32(2):357 - 367.

Kushalnagar, P., Ryan, C., Smith, S. and Kushalnagar, R. (2018).Critical Health Literacy in American Deaf College Students.*International Journal of Health Promotion International* 33(5): 827 - 833.

LaMontagne, A. D., Martin, A., Page, K. M., Reavley, N. J., Noblet, A. J., Milner, A. J. and Smith, P. M. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry* 14(1): 1-11.

Loveday, H. P., Wilson, J. A., Pratt, R. J., Golsorkhi, M., Tingle, A., Bak, A. and Wilcox, M. (2014). Epic3 National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections Hospitals in England.*Journal of Hospital Infection* 86(1): 1 - 70.Doi:https://doi.org/10.1016/So195-6701 (13)60012-2.

Muhanga, M. I. and Malungo, J. R. S. (2017). The what, why and how of health literacy: A systematic review of literature. *International Journal of Health* 5(2): 107 - 114.

Muhanga, M.I. and Malungo, J.R.S. (2019). Health Literacy and its Associates in the Context of One Health Approach: A Research Agenda Towards an Industrial Economy in Tanzania. A Conference Proceedings on Transforming Agriculture And Natural Resources For Sustainable Development To Attain Industrial Economy In Tanzania. SUA 1st Scientific Conference At: SOKOINE UNIVERSITY OF AGRICULTURE, MOROGORO TANZANIA

Muhanga, M.I and Malungo, J.R.S. (2018). Health literacy and some socio-demographic aspects under one health approach in eastern Tanzania: connections and realities. *Urban Studies and Public Administration* 1(1) DOI: 10.22158/uspa.v1n1p89

Muhanga, M.I. (2019). *Health Literacy and Health Behaviour in the Context of One Health Approach in Tanzania: Perceptions, Attitudes, Connections, and Realities*. A Dissertation Submitted for the award of a Phd in Population Studies at the Departement of Population Studies , The University of Zambia. 299pp.

Nurco, D. (1999). "A Complementary Perspective to Primary Socialisation Theory". Substance Use & Misuse. **34** (7): 993–1003. *doi:10.3109/10826089909039391*.

Nutbeam, D. (2008). The evolving concept of health literacy. *Journal of Social Science and Medicine* 67(12): 2072 - 2078.

Oldfield, S. R. and Dreher, H. M. (2010).The concept of health literacy within the older adult population.*Holistic nursing practice Journal* 24(4): 204 - 212.

Journal of Co-operative and Business Studies (JCBS)
Vol. 6, Issue 1, April 2021 ISSN: (Online) 2714-2043*, (*Print) 0856-9037
Full Issue and Text Available at: http//www.mocu.ac.tz

Ornaghi, V., Agliati, A., Pepe, A. and Gabola, P. (2020). Patterns of Association between Early Childhood Teachers' Emotion Socialisation Styles, Emotion Beliefs and Mind-Mindedness.*Journal of Early Education and Development* 31(1): 47 – 65.

Paakhari, L. and George, S. (2018). Ethical underpinnings for the development of health literacy in schools: Ethical Premises ('why'), Orientations ('what') and Tone ('how'). BMC Public Health 18(1):326 – 327.

Paakkari, L. and Paakkari, O. (2012). Health Literacy as a Learning Outcome in Schools. *Journal of Health Education* 112(2012): 133-152.

Paek, H., Reber, B. H. and Lariscy, R. W. (2010). Roles of Interpersonal and Media Socialisation Agents in Adolescent Self-reported Health Literacy: A Health Socialisation Perspective. *Health Education Research* 26(1): 139-149.

Parsons T, (1959). 'The social structure of the family' in Anshen R N (ed.), The Family: its Functions and Destiny, New York, Harper and Row,

Poureslami, I., Rootman, I., Doyle-Waters, M. M., Nimmon, L. and FitzGerald, J. M. (2011). Health Literacy, Language, and Ethnicity-Related Factors in Newcomer Asthma Patients to Canada: A qualitative Study. *Journal of Immigrant and Minority Health* 13(2): 315-322.

Rosal, M. C., Olendzki, B., Reed, G. W., Ockene, I., Gumieniak, O. and Scavron, J. (2005). Diabetes self-management among low-income Spanish-speaking patients: a pilot study. *Journal of Annals of Behavioral Medicine* 29(3):225-235.

Roulette J. E. W. (2019). *Ethnobiology Illness Perceptions and Health Education among Maasai Children in Northern Tanzania*. Published PhD Dissertation for Award Degree, Department of Anthropology at Washington State University. pp 16 - 18.

Rousseau, N. (2002). Self, Symbols & Society, Rowman & Littlefield. http://www.csun.edu/~hbsoc126/soc1/Charles%20Horton%20Cooley.pdf

Safeer, R. S. and Keenan, J. (2005). Health literacy: The Gap between Physicians and Patients. *Journal of American Family Fhysician* 72(3): 463-468.

Shim, S., Serido, J. and Barber, B. L. (2011). A consumer way of thinking: Linking consumer socialisation and consumption motivation perspectives to adolescent development. *Journal of Research on Adolescence* 21(1): 290-299.

Sohn, S. H., Joo, S. H., Grable, J. E., Lee, S. and Kim, M. (2012). Adolescents' Financial Literacy: The Role of Financial Socialisation Agents, Financial Experiences, and Money Attitudes in Shaping Financial Literacy among South Korean Youth. *Journal of Adolescence* 35(4): 969-980. doi:10.1016/j.adolescence.2012.02.002

Solodnikova, I. V. (2007). "Socialisation of Personality: Essence and Specifics of Various Life Stages". *Sotsiologicheskie Issledovaniya*. **33** (2): 32–38.

Sørensen, K. and Okan, O. (2020). *Health Literacy*. Health Literacy of Children and Adolescents in School settings; Publisher. University of Bielefeld Germany. pp 4-20.

Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z. and Brand, H. (2012). Health Literacy and Public Health: A Systematic Review and Integration of Definitions and Models. *Journal of BMC Public Health* 12(1): 80-92.

St Leger L. (2001). Schools, health literacy and public health: possibilities and challenges. *Health promotion international*, *16*(2), 197–205. https://doi.org/10.1093/heapro/16.2.197

Journal of Co-operative and Business Studies (JCBS)
Vol. 6, Issue 1, April 2021 ISSN: (Online) 2714-2043*, (*Print) 0856-9037
Full Issue and Text Available at: http//www.mocu.ac.tz

Stocks, N. P., Hill, C. L., Gravier, S., Kickbusch, L., Beilby, J. J., Wilson, D. H. and Adams, R. J. (2009). Health Literacy A New Concept for General Practice? *Journal of Australian Family Physician*38(3):144-146.

Tesch, R. (2013). *Qualitative research: Analysis types and software*. Routledge. 344pp.

Turunen, H., Sormunen, M., Jourdan, D., Von Seelen, J. and Buijs, G. (2017). Health Promoting Schools a Complex Approach and Major Means to Health Improvement. *Journal of Health Promotion International* 32(2):177-184.

Valerio, M. A., Peterson, E. L., Wittich, A. R. and Joseph, C. L. (2016).Examining Health Literacy among Urban African-American Adolescents with Asthma. *Journal of Asthma* 53(10): 1041-1047.

Whitbeck, Les B. (1999). "Primary Socialisation Theory: It All Begins with the Family". Substance Use & Misuse. **34** (7): 1025–1032. *doi*:*10.3109/10826089909039394*.

Whitley, J., Smith, J. D. and Vaillancourt, T. (2013). Promoting Mental Health Literacy Among Educators: Critical in School-Based Prevention and Intervention. *Journal of School Psychology in Canada* 28(1): 56-70.

Whitney, W., Keselman, A. and Humphreys, B. (2017). Libraries and librarians: key partners for progress in health literacy research and practice. *Journal of Information Services and Use* 37(1): 85-100.

World Health Organization (2017a). Shanghai declaration on promoting health in the 2030 Agenda for Sustainable Development. *Journal of Health Promotion International* 32(1): 7-8.

World Health Organization (2017b). Health Promoting Schools: An Effective Approach to Early Action on Non-communicable Disease Risk Factors. 2pp.

Zipin, L., Sellar, S., Brennan, M. and Gale, T. (2015).Educating for Futures in Marginalized Regions: A Sociological Framework for Rethinking and Researching Aspirations. *Journal of Educational philosophy and theory* 47(3): 227-246.