Literacy and Privilege
Reading the Writings of the Women's Health

by Mary J. Breen

L'auteure examine les liens qui existent entre analphabétisme et accès à l'information et aux services de soins de la santé.

As feminist writers, if we do not understand the potential for differences between ourselves and our readers, we are in danger of speaking within the traditional narrow feminist women's health discourse.

Although the Women's Health Movement, like the Women's Movement as a whole, has been primarily a white, middle-class phenomenon, we are beginning to learn. The essential differences between women are slowly starting to be recognized. Through the efforts of women with disabilities, lesbians, women of colour, and women with different cultural affiliations—to name but a few—the voices of marginalized women are finally beginning to be heard.

However, one significant difference between women is still largely ignored—the ability to read. Although the Women's Health Movement is unquestionably committed to providing women with vital and otherwise unavailable health information, most of this information is in print form and most of it is hard to read. By not taking into account the range of reading skills among the women we are speaking to in our pamphlets, articles, position papers, curricula, magazines, books, poems and stories, educated women are further privileged and those who do not read well are further marginalized. For those women who are not strong readers, the wealth of information produced by and through the Women's Health Movement might as well not exist.

Take, for example, this sentence quoted in the invaluable, groundbreaking text *Our Bodies, Ourselves:* "Clinical theories of personality specify women's innate nature as passive, dependent, masochistic, and childlike, and psychological treatment has often aimed at reducing her complaints about the quality of her life and promoting adjustment to the existing order" (73).

Although this sentence is probably quite understandable to many of you reading this article, it would not be readable to many others. This is not because it contains 37 words, although that doesn't help. This is not because the ideas and concepts are too difficult to understand—they are not. Rather, it is because the sentence is written in the language of a privileged group. From their language you can see that the authors assume their readers have considerable background knowledge—knowledge of the traditional psychiatric view of women, of the feminist critique of this view, and of some of the feminist work done to challenge the theory that women naturally enjoy their misery and dependence. The authors assume knowledge of both psychiatric terms such as "clinical theories of personality," and knowledge of sociological terms such as the "existing order." While few of us actually talk this way, many of us do read and write in this way—a way which is alien to a great number of other women. I am arguing here that if we were to write in clear, simple language, then less skilled readers could and would read much more of the material produced by the Women's Health Movement.

This assumption that we are all skilled readers is, of course, neither intentional nor is it unique to the Women's Health Movement. Nearly all health information written for the general public is hard to read. Good reading skills are needed to read most hospital consent forms, workplace safety warnings, instructions for prescription and over-the-counter medications, directions for preparing and storing foods, for using household chemicals, and for home medical tests. And the reason these documents are hard to read is that they are written by skilled readers for skilled readers.

When people don't have access to the critical information contained in documents of this kind, serious health problems can and do happen. For example, women get pregnant when doctors assume the instructions included with birth control pills are sufficient; people with diabetes have great trouble controlling their blood sugar if they cannot read food labels; and, cleaning staff end up with serious chemical burns when the instructions for using certain cleaning products presume the reader has the reading skills of a chemist. Health problems such as these are extremely common but their root causes are rarely identified.

Since about one in three adult women has some reading difficulty, those concerned about women's health would do well to support literacy classes for women. In a world so dependent on the printed word, we need many more opportunities for women to improve their reading skills. But, literacy classes are not the only answer. As much as I support critical literacy classes and the role we can play as tutors and teachers, learning to read can be a slow process, and only about five per cent of the population is enrolled in literacy classes (Metro Toronto Movement for Literacy). Furthermore, literacy skills, by themselves, are seldom enough. When people learn to read, they do not automatically gain access to all

the information they may need because privilege, such as that associated with class or gender, is a strong determiner of who can know what. Therefore, instead of expecting lower skilled readers to learn to read our materials, I think we are obliged to change how we write.

In order to write well for any audience, I am convinced that to be a good writer you need to start with your reader. Your goal should be to make a good match between your readers and your materials, and in order to do this, you need a vivid understanding of your audience. You need to find out how your readers live, what issues are important to them, what kind of language and imagery they use, and—especially for this discussion—how well they can read. Furthermore, when writing for women who do not read well, you may be writing for women whose life circumstances differ considerably from your own. We must be careful not to assume that we either already understand these differences, or worse, that they don't exist. As feminist writers, if we do not understand the potential for differences between ourselves and our readers, we are in danger of once again speaking within the traditional narrow feminist women's health discourse. We end up writing in our own language and using our own imagery to present our view of the problem and our view of the solutions; that is, we end up writing for ourselves.

In order to reflect the language and concerns of your audience, I am recommending a participatory process, one in which you work with a representative sample of your audience throughout the writing process. I recommend that you obtain their input regarding the topic, the approach, the medium, the methods of distribution, and the layout, The readability and relevance of the actual texts themselves. I am suggesting involving representatives of your reader group throughout the process because I strongly believe that good, relevant, clearly written documents *cannot* be written in isolation from your audience. And this can be a long process; it takes time for women with lower reading skills to learn to trust their own ideas and opinions. It takes time for these women to believe that their ideas and their voices deserve to be heard.

In addition to this participatory process, there are four key principles to consider which will enhance the readability of any document, whether it is for highly skilled or less skilled readers:

•Organization: clear writing is well organized; it has a clearly defined purpose, discrete units of information, and a logic which makes sense to the audience.

•Style: clear writing is conversational, informal, and uses familiar, ordinary words and short sentences.

•Layout: clear writing uses uncrowded, easy-to-read type sizes and styles, and easy-on-the-eye paper and ink colours.

•Illustrations: clear writing uses clear, relevant illustrations which are sensitive to the readers' cultural, economic and educational backgrounds.(Catano and Breen).[1]

The best way to use these principles is to think of them as signposts which keep you on track, that is, focused on your reader, not on your material. Only by knowing your audience can you know which words are familiar, which sequence of ideas would make sense, and which illustrations would be offensive. Replacing long words with short words, or just using bigger print will not do it. Readability formulae, which are devices intended to predict the grade level needed to read a piece of writing, will not do it. Only by matching the language and concepts you use with those of your readers can you write readable, useful materials.

In closing, I want to stress that my long-term goal, like that of most women in the Women's Health Movement, is economic, social and political justice—not just more clearly written health materials. But if in this struggle we truly want to share what we know and hear what other women know, then we will have to write in a more accessible style. After all, there are more texts about feminism written for men (men who are skilled readers, that is) than for women who have limited readings skills. In the process of sharing our dreams, arguing our causes, documenting our struggles, and rejoicing in our victories we need to include the voices of difference. With more materials which are readable and relevant, the voices and the experiences of marginalized women can be heard, and the wealth of information produced by women within the Women's Health Movement will be greatly enriched.

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[1]See also the following texts on clear writing and design: Baldwin, R. *Clear Writing and Literacy* (Toronto: Ontario Literacy Coalition, 1990); Doak, C., L.G. Doak, and J. Root, *Teaching Patients With Low Literacy Skills* (Philadelphia: J.B. Lippincott, 1985); Multiculturalism and Citizenship Canada, *Plain Language Clear and Simple* (Ottawa, 1991).

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