

# Comparisons Health Literacy to the Performance of Volunteers in Elderly Care, Pad Subdistrict Municipality, Kham Ta Kla District, Sakon Nakhon Province

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## Abstract

This Survey Research was aimed to study the level of elderly practice knowledge and compare the level of health literacy of 136 health volunteers (VHV.) in Pad Subdistrict Municipality, Kham Ta Kla District, Sakon Nakhon Province during August - December 2019. Data were collected by questionnaires. Then analyzed data by descriptive statistics and inferential statistics: Independent T-test for analyzed level of health knowledge with elderly caring practice.

The result revealed that most of samples were female 81.6 % (average age 51.64 ± 8.86 years), marital status 86.6 %, primary school education 63.2 %, and agricultural occupation 74.9 %. They had a high level of health literacy and practice at 80.10 % (58.60 ± 6.76) respectively. The comparison of level of elderly caring practice was a high level better than low level with statistical significance (p-value < 0.001).

**Keywords:** Health Literacy, Village Health Volunteer (VHV.), Elderly Practice

## I. INTRODUCTION

Public health development in Thailand encourages people to take part in health care for themselves and their neighbors in the form of Ministry of Public Health, 2011. Public health volunteers must have skills in health care and be a leader in changing health behavior of people in the community, helping to promote better health in accordance with the World Health Organization. "Knowledge and social skills that determine motivation. And ability of a person to access, understand and use information as a guideline to promote and maintain good health at all times. Knowledge of health has more meaning than literacy. Because a person should have various skills that help

to have appropriate health behaviors and able to take care of one's own health, such as access to health information (Cognitive skills), cognitive skills, communication skills (Communications skill) self-management skills (Self-management skill), Decision skill and Media literacy skill. There are many research reports supporting that people with sufficient health knowledge have appropriate health behaviors. Have better health outcomes than people with insufficient health knowledge [1].

Public health volunteers and caring for the elderly Nowadays and the elderly are increasing elderly who suffer from chronic conditions, the diseases of elderly or long-term disability public health volunteers are very

important people to help care for the elderly in the community. Health Literacy Health Volunteers must have sufficient knowledge of health to look after one's own health to be able to perform public health volunteer duties in public health education and health care for people in the community efficiently[2]. The objective of this study was to assess the level of health knowledge. There are 6 aspects in operation of elderly of the public health volunteers, and study the comparison of health literacy with the performance of public health volunteers in Pad Subdistrict Municipality Kham Ta Kla District Sakon Nakhon. It is guideline for the development of operational potential of the public health volunteers. That will affect the efficiency of work, which is truly beneficial to the community.

### METHODOLOGY

This research was Cross-sectional Survey Research by studying level of elderly practice knowledge and compare the level of health literacy of 136 health volunteers (VHV.) in Pad Subdistrict Municipality, Kham Ta Kla District, Sakon Nakhon Province during August - December 2019. Data were collected by questionnaires with reliability 0.957. Then data were analyzed by descriptive statistics and inferential statistics: Independent T-test for analyzing level of health knowledge with elderly caring practice.

## II. RESULTS AND DISCUSSION

### II.I. Personal factors

The results of study were mostly female 81.60 % , 41-50 years old 39.0 % (the average age was 51.64 ± 8.86 years) followed by the age of 51-60 years 35.3 % and the smallest age was 30-40 % 8.8, The most status was marital status 86.6%, followed by single status 7.4 % and the least was divorce / separation 5.9 % , most of education level in primary level of 63.2%, followed by upper secondary school, vocational certificate 16.2 % and the lowest is a bachelor degree of 1.5 percent. The most occupation is agriculture, 79.4 % , followed by 12.5 % housewives and the lowest is trading / personal business, 1.5 percent. The highest monthly family income is less than 5,000.7 % , 78.7 % , followed by

the monthly income of 5,000-10,000 baht, 19.1 % and the lowest per month of family income more than 20,000 baht 0.7 % .

Variable	Number	x̄	S.D.	Mean Difference	t	95% CI		P-value
						Lower	Upper	
Sex								
Male	25	35.16	8.64	-2	-1.34	-4.96	0.95	0.006*
Female	111	37.16	6.25					
Vocation								
Agriculture	109	36.96	7.08	0.85	0.59	-2.03	3.74	0.034*
General contractor	27	36.11	5.39					
Data access skills								
Low rating	65	34.26	6.6	-4.85	-4.46	-7	-2.7	0.000**
High level of reviews	71	39.11	6.08					
Knowledge skills								
Low rating	44	33.73	6.16	-4.53	-3.84	-6.87	-2.2	0.000**
High level of reviews	92	38.26	6.57					
Communication skills								
Low rating	45	33.78	6.47	-4.51	-3.84	-6.83	-2.18	0.000**
High level of reviews	91	38.29	6.43					
Decision making skills								
Low rating	35	33.14	6.46	-4.92	-3.9	-7.41	-2.42	0.000**
High level of reviews	101	38.06	6.43					
Self-management skills								
Low rating	44	33.84	6.25	-4.37	-3.68	-6.71	-2.02	0.000**
High level of reviews	92	38.21	6.57					
Total Health Literacy								
Low rating	40	33.82	6.42	-4.21	-3.43	-6.63	-1.78	0.001**
High level of reviews	96	38.03	6.55					

### III.I Level of health literacy and the level of performance of 136 elderly of the public health volunteers.

The results showed that the sample group Public health volunteers (Health Volunteers) in health knowledge Most of them are at a high level of 84.6% (36.79 ± 6.76), especially in self-decision making skills. Followed by knowledge skills. Data access skills And found that the level of the elderly Most of them had high level of operations at 84.6% (36.79 ± 6.76).

**Table I. Level of Health Literacy and performance of elderly of the public health volunteers (n=136)**

Level of Health Literacy	Number (person)	Percentage
Low level (29-58) points	40	29.40
High level (59-87) points	96	70.60
$\bar{x} = 68.03$ S.D. = 14.03 Max = 87 Min = 34		
Level of work Performance in the Elderly		
Low level (29-58) points	21	15.40
High level (59-87) points	115	84.60
$\bar{x} = 36.79$ S.D. = 6.76 Max = 45 Min = 20		
Total	136	100

**III.III Comparison of the level Health Literacy and elderly Performance of public health volunteers a sample group of number 136.**

The comparison of level of elderly caring practice was a high level better than low level with statistical significance (p-value < 0.001).

**Table II** Comparison of the level of Health Literacy and elderly Performance of public health volunteers. a sample group of 136 people.

**\*\* p < .001 , \*p < .05**

The results showed that the sample group Public health volunteers (Health Volunteers) in health knowledge Most of them are at a high level of 84.6% (36.79 ± 6.76), especially in self-decision making skills. Followed by knowledge skills, most of them had high level of operations at 84.6% (36.79 ± 6.76). Relationship with data from the confirmatory factor analysis show that each standard regression coefficient is significant and there is a significant difference between groups of groupings by means of group Q analysis (P < 0.001). 9.9% have sufficient health knowledge. [3]

The results of the study found that the comparison of the level of care for elderly is better than the low level with statistically significant (p-value < 0.001)

which was inconsistent with the findings. Found that about thirty percent of adults are not healthy. (Insufficient or lacking) literacy They are more likely to be older, less educated, have lower household incomes, and live in less populated areas. Insufficient health knowledge is associated with poor mental health (OR, 0.57; 95% CI, 0.35-0.91). There is not relationship between health knowledge and health care utilization, even after adapting to kavari. [4]

**IV. CONCLUSIONS**

- IV.I Showed that the most of the samples were females.
- IV.II They had a high level of health literacy and practice.
- IV.III The level of elderly caring practice was significantly higher in high level health literacy than low level health literacy (p< 0.001).

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