

HEALTH LITERACY ASSESSMENT IN BARANGAY DEL REMEDIO, SAN PABLO CITY

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Abstract

Health Literacy is important in achieving good health outcomes as it allows individuals to effectively access, understand, appraise, and apply health information in real-life situations. The purpose of this study was to assess the health literacy of respondents in Brgy. Del Remedio, San Pablo City, Laguna which was considered as the Barangay with highest population of morbidity. Respondents in this study are 20–89 years old. They were chosen through multistage sampling involving purposive and stratified. Researchers utilized a descriptive-correlational research design and used a 14-item self-made questionnaire focusing on health literacy covering physical, mental, and social health. Questionnaire was validated by four experts in their respective fields of nursing using an authorized validation tool and pilot tested. Data obtained in the study were statistically treated using frequency, percentage distribution, mean formula, Pearson correlation, Spearman rank coefficient, and independent sample t-test. Majority of respondents were between ages 20 and 29 and college undergraduates. Findings showed that respondents' general health literacy levels are high but among the three aspects of health it was found that social health literacy got the lowest interpretation. In conclusion, there was no association between respondents' health literacy and their age and educational attainment and there is no significant difference between respondents' health literacy with regards to their sex. Findings imply that health literacy recommendations and interventions should not only focus on factors mentioned but rather take consideration other possible predictors and backgrounds to address the health literacy needs of the community.

Keywords: Health Literacy, Healthcare Professionals, Nursing, Health Promotion.

Introduction

Health Literacy covers one's capability to acquire knowledge, understand information, and effectively apply it to maintain health, prevent illness, and improve health outcomes in a manner that is suitable depending on one's condition (Liu et al., 2020). Better patient outcomes are to be expected if a person possesses a high degree of health literacy (Stormacq et al., 2020), that is why it should never be underestimated.

Healthcare systems and healthcare professionals will not be beneficial if there is a presence of a high population of people who have limited to low health literacy because they are not knowledgeable enough to make use of the available helpful resources. With all the health information that has been available, there's still a great number of people who face and experience health problems.

Currently, health literacy challenges are enormously increasing in the Philippines. One of the key contributors causing the disturbing increase in the population of unhealthy individuals in the Philippines is a low level of health literacy. This issue is greatly connected to poorer health outcomes like irregular utilization of preventive services and frequent hospitalizations (Santiago, 2019).

A study entitled "Prevalence of Limited Health Literacy in the Philippines: First National Survey", shows that 51.5 percent of the respondents have limited health literacy. Four dimensions were assessed in this study, and it includes accessing, comprehending, evaluating, and applying health information. The problem with the ability to access information about health had the highest prevalence of limited health literacy with a result of 45.9 percent

among the four dimensions given. This result is significant because everything starts in accessing health information and a problem with this dimension will hinder one's capability to comprehend, assess, and act on information about health. The findings suggest a need for health interventions to be applied most especially to the specific populations with limited health literacy (Tolabing et al., 2022). The low level of health literacy is also relatively linked to an increased risk of mortality (Fan et al., 2022). It is crucial for health literacy not to be given immense attention because it is considered as one of the issues in both health care and public health. Moreover, health literacy is a key component in order to establish significant outcomes of health, empower the community, and lessen health inequities. Proper knowledge and effective understanding of health information remain powerful tools in health promotion (WHO, 2016). Assessing and measuring the level of health literacy in a community can be used to collect data, provide the basis for action and improvement, and create policies and programs that can be implemented to raise the level of health literacy.

Theoretical Framework

Deliberative Nursing Process Theory

According to the theory of the deliberative nursing process by Ida Jean Orlando (1961), patients interpret and explain things in their own unique ways, and the nurse's vital role is to confirm the inferences with the patient before drawing any conclusions. Applying the nursing process is one effective way of validating inferences about health. There are five phases in Orlando's deliberative nursing process theory, specifically, the assessment, diagnosis, planning, implementation, and evaluation. Assessment is where data are collected from the patient and critical thinking is applied. Diagnosis is when nurses utilize their clinical judgement about the present health problem. Planning is done in order to set specific goals and desired outcomes for the patient based on the patient's diagnosis. Interventions and nursing actions will be applied in the next stage which is the implementation phase. Lastly, the evaluation phase is done in order to see progress, evaluate the effectiveness of the plan, and determine if the specific goals and desired outcomes are met or if a change in the plan is needed. The use of the nursing process can be effective in producing positive patient outcomes.

The Deliberative Nursing Process theory by Ida Jean Orlando is related to the study as it is the researchers' intent to assess and describe the level of health literacy. The chosen nursing theory will serve as a systematic guide for the researchers to assess

the health literacy of the respondents and come up with a diagnosis based on the assessment. A specific outcome or goal will be set for the respondents and proper recommendations will be suggested such as health promotion programs. An evaluation will be done after the implementation of health promotion to look at the respondent's progress towards the goals set in the plan. Due to several factors affecting the health of the respondents, adequate health literacy is important in order to have better patient outcomes. Limited health literacy is a barrier in having a healthier lifestyle and wiser health decision making. It is the nurse's role to assess the patient's needs, set goals for the patient, supply and decide on appropriate actions that needs to be done to resolve the need or problem in collaboration with the patient and to evaluate progress.

Health Promotion Model

According to the health promotion model by Nola Pender (1982), the state of being healthy is more than just the absence of disease, and it aims to raise a client's level of wellbeing. It depicts how people engage with their surroundings on a variety of levels in an effort to pursue health. There are three main aspects in which the health promotion model of Nola Pender focuses on, namely, the individual characteristics and experiences, behavior-specific cognitions and affect and lastly, the behavioral results. The first aspect seeks to understand the idea that every person has a certain combination of characteristics and life events that influence how they behave. Cognitions and emotions that are peculiar to a behavior fall under the second aspect, and they have a big impact on someone's motivation to change. In order to develop a behavior that would promote good health, the individual must be encouraged and its barriers must be addressed to determine the behavioral outcome. The model asserts that every person has particular personal traits and life events that influence their actions. Health promotion behavior is the core objective of Nola Pender's health promotion model. Displaying these actions tend to result in increased health, more ability to function, and a higher level of well-being at all stages of development. The final behavioral demand is also affected by the conflicting sudden demands and choices that may impede intended initiatives that might improve health. The researchers aim to educate clients with ingrained behaviors and raise the level of well-being of individuals, families, communities, and society, which is related to Pender's Health Promotion Model. As a framework for counseling for behavior that promotes wellbeing and healthy lifestyles, the chosen nursing theory will act as a systematic guide to help researchers in learning and comprehending the key aspects that impact health behaviors.

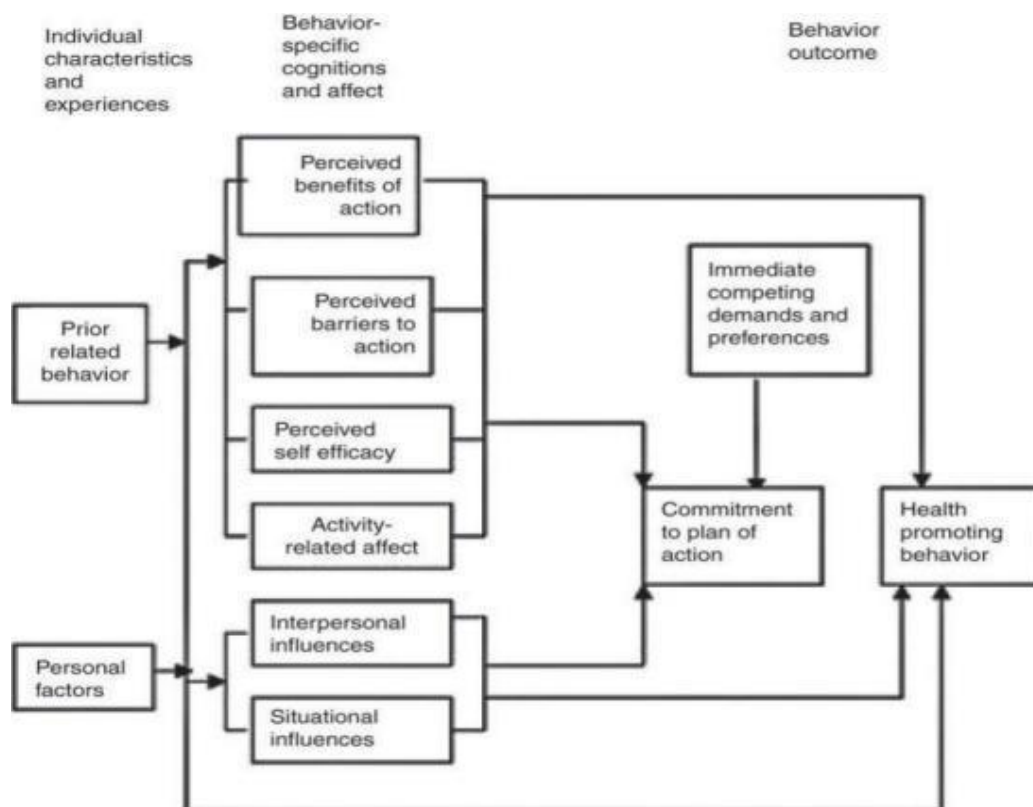


Figure 1: Nola Pender's Health Promotion Model

Conceptual Framework

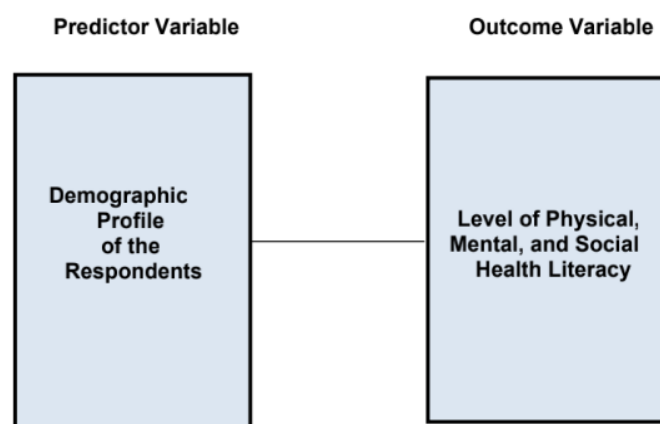


Figure 2: Conceptual Framework of the study of Health Literacy Assessment in Barangay Del Remedio, San Pablo City

The conceptual framework presented above depicts the relationship between the variables of the study. This diagram illustrates the predictor variables and the outcome variables. The predictor variable includes the demographic profile of the respondents with regards to age, sex, and educational attainment. This information determines or influences the outcome variable. The outcome variable includes the level of physical, mental, and social health literacy that is influenced or affected by the predictor variable. The conceptual framework of the

study assesses whether the variables of the study cause change in another variable.

Statement of the Problem

The overall objective of this research study is to assess the health literacy in Brgy. Del Remedio, San Pablo City.

Specifically, it answered the following questions:

1. What is the demographic profile of the respondents in terms of:
 - 1.1. Age;
 - 1.2. Sex;

- 1.3. Educational Attainment;
2. What is the level of health literacy among the respondents?
 - 2.1. Physical;
 - 2.2. Mental;
 - 2.3. Social;
3. To what extent does the respondent's health literacy levels are associated in terms of age and educational attainment?
4. To what extent does the respondent's health literacy levels differ with regards to their sex?
5. What implications can be derived from the quantitative data gathered?

Scope and Delimitation

The scope of the research study was to assess the health literacy of selected residents of San Pablo City, ages 20 to 89 years old, from Barangay Del Remedio San Pablo City, Laguna. The respondents' population has a total number of three hundred seventy-five (375) of which all came from the selected barangay which is Barangay Del Remedio San Pablo City, Laguna. The study was limited to assessing the physical, mental, and social health literacy.

The total respondents are computed from the total population of residents ages 20 to 65 years and older which is fourteen thousand eight hundred forty-four (14,844) using the raosoft calculator with a confidence level of 95%. The researchers decided to limit the study to the selected barangay which has the highest population with morbidities. The study was conducted between the period of September 2022 to May 2023.

Methodology

Research Design

The research design of the study is quantitative in nature. According to Bhandari (2022), quantitative is the method of gathering and analyzing numerical data. It can be utilized to determine relationships as well as mean values, predict accurately, test interrelationships, and generalize results to a larger population. This study used a descriptive-

correlational approach. It is descriptive as the researchers described the respondents according to their profile as well as their level of health literacy. It is correlational as this research study investigated if there is a relationship between respondents' demographics and their level of health literacy. A Descriptive Correlational research design's objective is to obtain data to systematically and accurately describe a phenomenon, situation, or population and to identify the relationships that occur between existing variables.

Participants/Respondents of the Study

The respondents of the research study came from Barangay Del Remedio, San Pablo City which ranked first with the highest population of morbidity. The researchers included respondents aged 20 to 89 years old, with a sample size of three hundred seventy-five (375) out of the fourteen thousand eight hundred and forty-four (14,844) total population in the selected barangay. The composition of the sample size is one hundred eighty-five (185) male residents and one hundred ninety (190) female residents.

Instrument/s of the Study

The researchers used a self-made questionnaire with three sections to assess the level of health literacy in Barangay Del Remedio, San Pablo City, Laguna. The instrument that was made was written in Filipino language. The consent form is presented in the first part, in which respondents are asked to participate in the study. The second part is the demographic profile, which asks for the respondent's age, sex, and educational attainment. The third part is the researchers' health literacy scale, which consists of fourteen (14) items. The Health Literacy Scale was used to assess the respondents' level of health literacy. The respondents specified their responses by using a four-point Likert scale to indicate their level of health literacy: 4 = always, 3 = often, 2 = sometimes, 1 = rarely, and 0 = never. The health literacy scale has been interpreted based on the answers provided by the respondents. Table 1 was used to interpret the mean:

The self-made questionnaire was checked by a Filipino instructor and validated by four (4) experts in their respective fields of nursing, using an authorized validation tool. The research instrument used was intensively reviewed by the researcher's research adviser and three (3) public health nurses to verify that the questionnaire was appropriate for the respondents and did not contain any mistakes, such as offending and confusing statements. The researchers conducted a pilot test which consisted of thirty (30) respondents. The result of the pilot testing was computed with the help of the researcher's statistician using a Cronbach Alpha to test the research instrument's internal consistency. The

Table 1: Likert Scale Interpretation

Point	Interpretation	Scale Range
0	Very Low	0 – 0.79
1	Low	0.80 – 1.59
2	Moderate	1.60 – 2.39
3	High	2.40 – 3.19
4	Very High	3.20 – 4.00

result showed an alpha value of $\alpha = 0.854$, which is equivalent to good internal consistency.

Data Collection and Analysis

To facilitate the research study, the researchers made and submitted a letter addressed to the City Health Office (CHO) and the City Population Office (CPO) requesting for secondary data about the barangay with the highest population of morbidity and the population of the city based on age bracket. The researchers requested permission from the Brgy. Captain of Del Remedio, San Pablo City, Laguna to conduct the study in their area. After obtaining the needed permission, researchers began to conduct face-to-face surveys to gather the data. Google Forms were used to input the data. The researchers explained to the respondents the purpose, objectives, and benefits of their study. Throughout the gathering of data, all health

protocols were followed. All of the data were tallied and submitted to the statistician to compute it after it had been collected. After thorough computation, the results of the study were handed back to the researchers in order for it to be analyzed and interpreted effectively.

Ethical Considerations

Guided by the Philippine Republic Act No. 10173, also known as the “Data Privacy Act of 2012” and adhered to the National Ethical Guidelines Involving Human Participants (2022). Participation is completely voluntary and a consent form was given.

Results and Discussion

Problem Statement Number 1: What is the demographic profile of the respondents in terms of:

Table 2: Demographic profile of the respondents when grouped according to their age.

Age Bracket	Frequency	Percentage (%)
20-29	146	38.93
30-39	64	17.07
40-49	56	14.93
50-59	66	17.6
60-69	31	8.27
70-79	10	2.67
80-89	2	0.53
TOTAL	375	100

Table 2 depicts the demographic profile of the respondents when grouped according to their age. The highest number of respondents falls on age category of 20-29 which has a frequency of one hundred forty-six (146) or thirty-eight point ninety-three (38.93) percent, followed by age category of

50-59 which has a frequency of sixty-six (66) or seventeen point six (17.6) percent and under the age bracket of 30-39 which has a frequency of sixty-four (64) or seventeen point zero seven (17.07) percent. Majority of the respondents are on their early adulthood stage.

Table 3: Demographic profile of the respondents when grouped according to their sex.

Sex	Frequency	Percentage (%)
Male	185	49
Female	190	51
TOTAL	375	100

Table 3 shows the demographic profile of the respondents when grouped according to their sex. There are one hundred eighty-five (185) or forty-nine (49) percent male and one hundred ninety (190) or fifty-one (51) percent female respondents. The

researchers used stratified sampling technique in dividing the numbers of female and male respondents which arrived an equal number of the respondents.

Table 4: Demographic profile of the respondents when grouped according to their educational attainment.

Educational Attainment	Frequency	Percentage (%)
Elementary Undergraduate	11	2.93
Elementary Graduate	10	2.67
High school Undergraduate	23	6.13
High school Graduate	76	20.27
College Undergraduate	121	32.27
College Graduate	109	29.07
With Master's unit	14	3.73
With Master's Degree	8	2.13
With Doctorate unit	2	0.53
With Doctorate Degree	1	0.27
TOTAL	375	100

Table 4 shows the educational attainment of the respondents which has the highest number are one hundred twenty-one (121) or thirty-two point twenty-seven percent (32.27%) are college graduates followed by one hundred nine (109) or twenty-nine point zero seven percent (29.07%) are college undergraduates, and seventy-six (76) or

twenty point twenty-seven percent (20.27%), which are high school graduates.

Health Literacy

Problem Statement Number 2: What is the level of health literacy among the respondents?

Table 5: Health literacy of the respondents when grouped according to their age

Age Bracket	Physical		Mental		Social	
	Avg	Interpretation	Avg	Interpretation	Avg	Interpretation
20-29	2.74	High	2.46	High	1.76	Average
30-39	2.59	High	2.49	High	1.45	Low
40-49	2.68	High	2.44	High	1.73	Average
50-59	2.53	High	2.36	Average	1.73	Average
60-69	2.96	High	2.39	Average	2.08	Average
70-79	3.28	Very High	2.68	High	1.53	Low
80-89	2.2	Average	1.2	Low	0.5	Very low

Legend: 0-.79 – Never (Very low); .80-1.59 – Rarely (Low); 1.60-2.39 – Sometimes (Average); 2.40-3.19 – Often (High); 3.20-4.00 – Always (Very High)

Table 5, presents the average and its interpretation based on the results of the physical, mental, and social health literacy of the respondents when grouped according to their age. Based on the findings, when it comes to physical literacy, those in the age bracket of 70-79 have an average of 3.28 interpreted as very high, while those under the age categories of 20–29, 30-39, 40–49, 50–59, and 60–

69 have an average range between 2.53 to 2.96 interpreted as high, and those in the age group of 80-89 have an average of 2.2, interpreted as average. In terms of the mental literacy of the respondents, those in the age categories of 20-29, 30-39, 40-49, and 70-79, have an average range between 2.36 to 2.39 and those under the age bracket of 80-89 with an average of 1.2, interpreted as low.

When it comes to social literacy, all groups have an average interpretation with a range between 1.73 to 2.08 except those under the age brackets of 30-39,

70 – 79, and 80-89 with an average of 1.45, 1.53, and 0.5 which are interpreted as low.

Table 6: Health literacy of the respondents when grouped according to sex.

Sex	Physical		Mental		Social	
	Avg	Interpretation	Avg	Interpretation	Avg	Interpretation
Male	2.67	High	2.39	High	1.75	Average
Female	2.73	High	2.49	High	1.67	Average

Table 6 depicts the average and its interpretation of physical, mental, and social health literacy when grouped according to sex.

In terms of physical literacy, both male and female respondents obtained an average of 2.67 and 2.73 respectively which translates to high interpretation.

Meanwhile, the mental literacy of both male and female respondents is also high with an average of 2.39 and 2.49. The social literacy of the male and female respondents got an average interpretation of 1.75 and 1.67.

Table 7: Health Literacy of the respondents when grouped according to their educational attainment.

Educational Attainment	Physical		Mental		Social	
	Avg	Interpretation	Avg	Interpretation	Avg	Interpretation
Elementary Undergraduate	3	High	2.44	High	1.70	Average
Elementary Graduate	2.8	High	2.5	High	1.53	Low
High school Undergraduate	2.61	High	2.23	Average	1.5	Low
High school Graduate	2.62	High	2.36	Average	1.76	Average
College Undergraduate	2.69	High	2.47	High	1.72	Average
College Graduate	2.75	High	2.49	High	1.79	Average
With Master's unit	2.57	High	2.41	High	1.20	Low
With Master's Degree	2.78	High	2.65	High	1.53	Low
With Doctorate unit	3.3	Very High	2.9	High	2	Average
With Doctorate Degree	2.4	High	2.4	High	1.75	Average

Table 7 shows the average and its interpretation of the physical, mental, and social health literacy when grouped according to educational attainment. When it comes to physical health literacy, only those with a doctorate unit got an average of 3.3 which has a very high interpretation, and the rest of the respondents got an average range of 2.4 to 3, interpreted as high.

In terms of mental literacy, the majority got a high interpretation except for the respondents from high school graduates and undergraduates, who got an average interpretation.

Lastly, in social literacy, most of the respondents got an average range of 1.7 to 2 except for respondents who are elementary graduates, high school undergraduates, with master's units, and with master's degrees who got an average of 1.53, 1.5, 1.20, and 1.53 respectively which translates to low interpretation.

Correlation of Health Literacy with Regards to the Respondents' Profile

Problem Statement Number 3: To what extent does the respondent's health literacy levels are associated in terms of age and educational attainment?

Table 8: Correlation Between The Respondents' Age and Level of Health Literacy
Descriptive

	Mean	Std. Deviation	N
Age	36.69	15.82	375
Physical	2.70	0.76	375
Mental	2.44	0.81	375
Social	1.71	1.02	375

Correlations				
		Physical	Mental	Social
Age	Pearson Correlation	.022	-.038	.009
	Sig. (2-tailed)	.668	.465	.859
	N	375	375	375

**. Correlation is significant at the 0.01 level (2-tailed)

A Pearson correlation was computed to assess the association between the respondents' age and their level of health literacy in terms of physical, mental, and social health. It was found that age has no association with the level of health literacy in terms of physical ($r(373) = .022$, $p = .668$), mental ($r(373) = -.038$, $p = .465$), and social ($r(373) = .009$, $p = .859$).

This implies that age has no influence on the respondents' level of health literacy. Therefore, the null hypothesis which states that there is no association between the respondents' age and level of health literacy is accepted.

Table 9: Correlation Between The Respondents' Educational Attainment and Level of Health Literacy
Correlations

		Physical	Mental	Social
Educational Attainment	Spearman's rho	.030	.072	.016
	Sig. (2-tailed)	.565	.162	.758
	N	375	375	375

**. Correlation is significant at the 0.01 level (2-tailed)

Spearman rank correlation was computed to assess the association between the respondents' educational attainment and level of health literacy in terms of physical, mental and social health. The results showed that there is no association between respondents' educational attainment and level of health literacy whether in terms of physical ($r(373) = .030$, $p = .565$), mental ($r(373) = .072$, $p = .162$), and social health ($r(373) = .016$, $p = .758$). This implies that educational attainment has no influence on the level of one's health literacy.

Therefore, the null hypothesis which states that there is no association between the respondent's educational attainment and their level of health literacy is accepted.

Comparison of Health Literacy with Regards to the Respondents' Profile

Problem Statement Number 4: To what extent does the respondent's health literacy levels differ with regards to their sex?

Table 10: Comparison Between The Male and Female's Level of Health Literacy
Group Statistics

	Sex	N	Mean	Std. Deviation
PA	Male	185	2.6486	.79455
	Female	190	2.7505	.72672
MA	Male	185	2.3881	.81991
	Female	190	2.4926	.80570
SA	Male	185	1.6432	1.02471
	Female	190	1.7724	1.00683

Independent Samples T test						
Levene's Test for Equality of Variance			T test for Equality of Means			
	F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference
Physical	1.409	.236	-1.296	373	.196	-.10188
Mental	.093	.761	-1.245	373	.214	-.10452
Social	.087	.768	-1.231	373	.219	-.2913

An independent sample t-test was computed to compare the health literacy 185 male respondents to 190 female respondents in terms of physical, mental, and social health. The results showed that in terms of physical health literacy, males ($M=2.65$, $SD=.79$) and females ($M=2.75$, $SD=.73$) showed no significant difference ($t(373) = -1.296$, $p=.236$). In terms of mental health literacy, males ($M=2.39$, $SD=.82$) and females ($M=2.49$, $SD=.81$) showed no significant difference ($t(373) = -1.245$, $p=.761$) also.

In terms of social health literacy, males ($M=1.64$, $SD=1.02$) and females ($M=1.77$, $SD=1.01$) have no significant difference ($t(373) = -1.231$, $p=.768$). These imply that the level of health literacy is the same regardless of their sex. Therefore, the null hypothesis, which states that there is no significant difference when it comes to the level of health literacy of the respondents as to their sex is accepted.

Synthesis of Results and Discussion

In this study, it was revealed that despite being the Barangay with the highest population of morbidity, the general health literacy levels of respondents from Barangay Del Remedio, San Pablo City is high. In consideration with the three aspects of health, namely the physical, mental, and social, the latter was found to have the lowest average among the three. It was also found that there was no association between the respondent's health literacy and their age and educational attainment. Furthermore, based on the findings of the study, there was no significant difference between the respondents' health literacy with regards to their sex.

The respondents of the study were only a portion of the total population of Barangay Del Remedio and this is one possible factor why despite being the barangay with highest population of morbidity the result still showed a high level of health literacy. Moreover, the emergence of the COVID-19 is one reason why there's an increase in the level of health literacy of the respondents. The global health crisis paved the way for individuals to be more mindful and aware of the possible detrimental consequences that they may face if they will not care for their health. With the increasing number of death rates during the height of the pandemic, it served as wake-up call for the people to be more engaged in seeking out reliable sources of health information and learning about important topics about healthcare. This study can be a basis for a more comprehensive health literacy assessment to be done in order to see the total picture of the health literacy levels in the chosen locale. In addition, high levels of knowledge about health doesn't guarantee a high level of health literacy if health information are not being applied and effectively practiced to have better health outcomes. Effective communication, collaboration, and social involvement of both the public and the providers of health information and services should be done if the community wants to possess adequate level of health literacy.

In contrast to the findings of most studies conducted by different researchers such as Agosto et al. (2018), Bhusal et. al. (2021), Rajah et al. (2019), Tolabing et al. (2022), Yang et al. (2021) about health literacy which stated that age, educational attainment, and sex show significant relationships and differences with regards to health literacy levels, the findings of

this research showed that age, educational attainment, and sex are not always a reliable predictor of health. Health literacy levels can be affected by different factors such as communication skills and access to health information and not only limited to age, educational attainment, and sex. These findings imply that health literacy recommendations and interventions should not only focus on the factors mentioned but rather take in consideration other possible predictors to address the health literacy needs of the community. Increasing health literacy levels should be targeted to individuals from all walks of life, across all ages, educational attainment, and sex in order to assure that people in the community from different backgrounds be equipped with the needed knowledge and skills to make valuable and effective decisions that can promote their health.

Conclusion

On the basis of the summary of findings, the researchers drew up these conclusions:

1. The respondents between the age category of 80 – 89 have a low literacy on both mental and social health with an average of 1.2 and 0.5. In addition, those respondents between the age category of 30-39 and 70-79 also have a low social health literacy. When grouped according to sex, both male and female respondents have high literacy in both physical and mental health and an average literacy on social health. When grouped according to educational attainment, it was found that those who are elementary graduates, high school undergraduates, with master's units, and with master's degrees have low social health literacy.
2. Overall, the general results revealed that the respondents have an average social health literacy while the physical and mental health literacy is high.
3. The null hypothesis which states that there is no association between the respondents' health literacy and their age and educational attainment is hereby accepted based on the Pearson and Spearman correlation result.
3. The null hypothesis which states that there is no significant difference between the respondents' health literacy with regards to their sex is hereby accepted based on the Independent T-test result
4. These findings imply that health literacy recommendations and interventions should not only focus on the factors mentioned but rather take in consideration other possible predictors to address the health literacy needs of the community. Increasing health literacy levels should be targeted to individuals all walks of life, across all ages, educational attainment, and sex in order to assure that people in the

community from different backgrounds be equipped with the needed knowledge and skills to make valuable and effective decisions that can promote their health.

Recommendations

- Health sectors should assess the social determinants of the people in the community. It also suggested to develop health plans and programs that increase social health literacy and make each program known to them through various channels regardless of their distance from its location.
- Strengthening of collaboration and linkages between the government, non-governmental organizations, and healthcare professionals is needed in order to improve the community's health literacy.
- Health sectors should also revisit existing health literacy policies in order to assess if revisions or improvements should be done.
- The nursing education should determine whether the curriculum emphasizes the inclusion of assessing the health literacy of the individuals. This can also encourage nursing students to participate in a variety of local community organizations, programs, and activities aimed at improving health literacy, which incorporates the physical, mental, and social aspects of health.

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Conflicts of Interest

The authors declare that there are no significant competing financial, professional, or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

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