Health literacy among older adults and COVID-19 pandemic

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Dear Editor, we would like to share our ideas regarding “Health literacy (HL) among older adults during the coronavirus disease 2019 pandemic: A cross-sectional study in an urban community in Thailand” [1]. Pechrapa et al. presented a case and concluded that “The results of our study provide important information … community during the COVID-19 pandemic [1].” In this report [1], Pechrapa et al. conducted a small questionnaire-based survey in a rural district of a country in Indochina [1]. The authors assessed demographic parameters to draw conclusions regarding HL. However, they did not include the complete original questionnaire, and their classification of HL level is unclear.

A recent report from Australia observed a relationship between HL and anti-coronavirus disease (COVID-19) practices [2]. In general, HL among older adults depends on several factors. Older adults in different age groups might have differing abilities to comply with HL assessments. Since it is unclear how HL was classified in the present report, it is difficult to interpret the relationship between observed HL and practice. Therefore, the further implications on local public health policies might be limited. Additionally, a recent study from Thailand also showed a significant disparity between knowledge, determined by HL, and practice regarding COVID-19 [3]. That study also demonstrated that the knowledge of local Thai older adults was not associated with preventive behaviors against COVID-19 [3], contrary to reports from Australia [2] and the US [4]. These findings might indirectly imply that information from the HL survey might not useful for preventive management for COVID-19 in this setting. In many poor communities, local people might not be able to afford resources for prevention. In addition, insufficient use of preventive equipment, such as facemasks, remains a challenge in many areas [5]. Moreover, while knowledge levels may be good, other factors, such as a lack of facilities, may challenge good practices by older adults during pandemics. Developing communities in Indochina face many barriers, including policy barriers and limited local resources, to allow local people to have good health practices despite a good background HL [6]. In conclusion, HL assessment is a useful tool for assessing basic health knowledge of older adults, but confounding contexts must be considered regarding their implications in real practice.

Conflict of interest
None

References


