

Research on the Current Situation and Improvement Strategies of Health Literacy among Rural Residents in Jiangxi Province

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Abstract: To investigate the health literacy level of rural residents in Jiangxi, it analyzes its influencing factors, and provides reference for carrying out health literacy education for rural residents in Jiangxi. A mixed online and offline questionnaire survey was conducted to assess health literacy from four aspects: mastery of health knowledge, health behavior habits, health attitudes and values, and mastery of health skills. Rural residents in Jiangxi scored 24.23 and 27.52 in terms of health knowledge and health behavior habits, accounting for 80.77% and 91.73% of the project, respectively. They scored 15.48 and 14.36 in terms of health attitudes and values, and health skills, accounting for 77.40% and 71.80% of the project, respectively. The health information literacy of rural residents in Jiangxi is at a lower-than-average level. It is necessary to further improve the health education system, expand health education channels, enhance health education strategies, enhance residents' health confidence, strengthen the practical application of health management knowledge and skills, in order to improve the health information literacy level of rural residents in Jiangxi and promote high-quality development of rural revitalization.

Keywords: Rural Residents; Health Literacy; Strategy

1. Introduction

Health literacy is an important factor affecting health and also one of the important indicators for evaluating the health quality of residents [1-2]. Farmers are an important component of China's national economy, and their health is an important guarantee for China to achieve the two centenary goals. However, due to various factors, the health literacy of rural residents in China is generally not high, facing

many health problems, which bring significant risks to rural residents themselves and society. Improving the health literacy of rural residents, enabling them to have a strong physique and a healthy body and mind, has important social significance. This article conducts a survey on the current status of health information literacy among rural residents in Jiangxi, collects corresponding data and analyzes it, and finally proposes corresponding strategies for improving the health literacy of rural residents. The research aims to improve the health maintenance ability of rural residents, promote their physical health and productivity, Assist in high-quality development of rural revitalization.

2. Investigation Plan

This paper adopts a combination of online and offline research methods. The online survey is mainly an Internet questionnaire survey, which includes basic health knowledge and concept literacy, healthy lifestyle and behavior literacy, basic skills literacy, etc; Offline research mainly selects different rural areas in Jiangxi, and through methods such as resident interviews, health worker interviews, and health facility inspections, deeply understands the current status of rural residents' health literacy. Then, the data collected from the two surveys are integrated and processed, and analyzed and studied.

3. Research Methods

Questionnaire survey method: Develop an online and offline health literacy questionnaire, asking respondents a series of questions, such as basic health knowledge and concept literacy, healthy lifestyle and behavior literacy, basic skill literacy, etc., and collecting their opinions and opinions.

Literature review method: Search for relevant research literature and materials on the health literacy of rural residents, and have a profound

understanding of the current research status and existing problems of rural residents' health literacy [3-5].

Interview method: Select rural areas from different regions of three cities in Jiangxi, and through face-to-face communication with rural residents, gain a deeper understanding of information related to their health literacy, providing reference for formulating corresponding health literacy improvement strategies.

Statistical analysis uses computer software to analyze the data obtained from the survey, explore the impact of relevant factors on the health literacy of rural residents, and further clarify the current status of health literacy among rural residents in Jiangxi.

4. Survey Results

Investigation situation: A total of 1500 survey questionnaires were distributed online and offline in this survey, of which 1456 were collected and 1420 were valid.

Result Analysis: This survey mainly focuses on understanding the health literacy of residents in four primary indicators: mastery of health knowledge, health behavior habits, health attitudes and values, and mastery of health skills. The primary indicators are further subdivided into health science knowledge, common disease knowledge, nutrition knowledge, mental health knowledge, dietary habits, exercise habits, sleep habits, psychological regulation habits, and first aid skills 12 secondary indicators, including self-care skills. On a 100point scale, the first level indicators of health knowledge and health behavior habits are both 30 points, and the health attitude, values, and skills are both 20 points. The scores are then evenly distributed among their respective second level indicators for scoring. When the score exceeds 80% of the total score of the project, it is judged that the project has basic health literacy [6-8].

From the survey and statistical results, it can be seen that rural residents in Jiangxi Province scored 24.23 and 27.52 in terms of health knowledge and health behavior habits, accounting for 80.77% and 91.73% of the project, respectively. This indicates that rural residents have basic health literacy in these two aspects, but there are still shortcomings in the subdivided secondary indicators. For example, in terms of common disease

knowledge and mental health knowledge, the average score is not high, Rural residents generally lack in these two aspects and need to vigorously promote and popularize them; In terms of health attitude, values, and health skills, the scores were 15.48 and 14.36, respectively, accounting for 77.40% and 71.80% of the project. This indicates that rural residents still have insufficient health literacy in these two areas, reflecting that there is still great room for improvement in their health attitude, values, and health skills, especially in emergency skills.

The survey statistics also show that the health literacy level of the elderly population in rural areas is relatively low, and the relationship between health literacy level and age shows a phenomenon of high in the middle and low in both ends. The age group aged 25 to 34 has the highest level of health literacy, at 30.5%; Next is the age group aged 35 to 44, accounting for 29.1%; Residents aged 45 and above have relatively low health literacy, especially those aged 55 to 64, and only 9.5% and 6.8% of the population aged 65 to 69 have health literacy. The elderly are a healthy and vulnerable group, susceptible to various diseases, especially chronic diseases. In the age group of 15 to 24, the level of health literacy is only 14.9%. However, this age group is the period when various organ functions of the human body are at their best. They are more likely to ignore their own health and pay less attention to health information. Many young people have bad habits such as staying up late, which not only endangers their current health status, but also has long-term adverse effects on their future health

5. Improvement Strategy

5.1 Government Aspect

Establish a health education incentive mechanism. Various regions should fully leverage the leading role of medical personnel in popularizing medical knowledge, establish incentive mechanisms to encourage medical and health institutions and medical personnel to carry out health promotion and education, mobilize the enthusiasm of medical personnel to participate in rural health promotion and education work, and comprehensively promote health education in rural areas.

Innovate rural health science popularization

methods. Each region should adapt to local conditions, innovate health science popularization methods suitable for rural areas, combine local cultural characteristics and the learning characteristics of rural residents, actively develop health cultural works, arrange health cultural performances and other health programs, such as editing health concepts and knowledge into the lyrics of Jiangxi Tea Picking Opera; Integrate fitness sports into Jiangxi's characteristic rural sports (such as Wuyuan Nuo Dance and Chongren Dance Eight Immortals); Integrating health literacy and knowledge of health improvement with Jiangxi's historical and cultural heritage (such as Ganzhou Hakka culture), and promoting health education in a way that rural residents enjoy and enjoy.

Expand the platform for promoting health literacy. Extensive health knowledge dissemination should be carried out. Propaganda departments at all levels should encourage and support radio, television, newspapers, websites and other media to launch high-quality health science programs for rural residents, and carry out health knowledge popularization, especially in the current situation of Internet popularization, actively explore the "Internet plus" health education methods [10]. Establish a benchmark for health literacy. Actively promote a healthy lifestyle, provide positive public opinion guidance, establish the concept that "everyone is the first person responsible for their own health", set a benchmark for health literacy, and encourage the masses to learn from the benchmark.

Optimize the rural living environment. Strengthen the governance and supervision of water, air, and soil in rural areas, improve the environmental quality and hygiene management level of living environment in rural areas, control the spread of diseases, and eliminate environmental factors that contribute to the occurrence of chronic diseases.

5.2 Personal Aspects

So, for rural residents themselves, how should they improve their health literacy? the "Healthy China 2030" Plan Outline once proposed that "everyone should participate, everyone should do their best, everyone should enjoy, control what we can control, and improve what we can improve. Residents

should remember the four cornerstones of health: a balanced diet, a healthy mindset, moderate exercise, and sufficient sleep. Persist in prevention over treatment, always do a good job in health management, and get sick less, get sick later, and avoid serious illnesses [11-12].".

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