

The Guideline of COVID-19 Pandemics Prevention Health Literacy Development in Community of Village Health Volunteers of the Southern Samet District Chachoengsao Province, Thailand

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Abstract

The objectives of mixed methods research were to study 1) levels of health literacy for Covid-19 pandemic prevention; and 2) guidelines for improving health literacy for Covid-19 pandemic prevention of village health volunteers, Samed Tai Sub-district, Chachoengsao. The qualitative sample selecting using a purposive sampling method was 10 village health volunteers. The instrument was an in-depth interview. The data analysis was content analysis. The quantitative sample selecting using simple random sampling was 76 village health volunteers. The Krejcie and Morgan's table was used to determine the sample size. The statistics used for data analysis were frequency, percentage, mean, and standard deviation. The analyzed data was verified by a focus group of five experts to confirm the development guidelines for Covid-19 pandemic prevention. The research results were found as follows: 1) The overall level of health literacy for Covid-19 pandemic prevention was high, with the mean scores ranging from high to low: decision-making skills, knowledge, understanding, accessing to information and health services, self-management, media literacy, and communication skills. 2) Guidelines for improving health literacy for Covid-19 pandemic prevention through the R-A-P-I-D procedure include R, A) Review and Analyze data, P) Plan- planning for self-development, I) Implementation, and D) Direct- Supervise and monitor to achieve goals. All experts agreed that the guidelines for improving health literacy for Covid-19 pandemic prevention were complete and applicable to real-life situations.

Keywords: Health Literacy, Disease Prevention, Covid-19, Thailand

INTRODUCTION

From the pandemic situation of coronavirus disease 2019 (COVID-19) or the new strain of coronavirus. (Coronavirus Disease 2019) from the end of 2019 until the present regarded to be a new developing disease that is spreading rapidly causing an increasing number of people to become infected. In accordance to the Emergency Operations Center of the Department of Disease Control, as of May 13, 2021, the global coronavirus 2019 infection situation has gathered more than 161 million infections. Since mid-February 2021, the number of daily patients has increased to more than 900,000 per day, due to a rising outbreak in India, which has resulted in more than 3.3 million overall deaths. In Thailand, a total of 64,931 people has been infected with the new wave pandemic since April 2021. There are currently 4,887 new infections from 63 provinces, with 2,835 infected people discovered through proactive screening in correctional institutions and the remaining 2,036 throughout the country. The trend of infection is not decreasing. However, sporadic new outbreak clusters are still being found in other provinces. The pandemic is still spreading in Bangkok and surrounding areas. The outbreak was discovered in enterprises, manufacturing facilities, markets, correctional institutions, department stores, and highly crowded areas, including the spread of

inflection inside families. This outbreak killed 424 people, with a fatality rate of 0.65%. People with chronic illnesses or the elderly accounted for more than 90% of the deaths. In Thailand, more over 2 million doses of Corona 2019 vaccinations have been provided, and new infections are being discovered in prisons, particularly in Chachoengsao province. To prevent the epidemic from spreading further, disease control is in place in the form of a completely seal area. As a result, the degree of observation of patients with symptoms who are hospitalized for treatment according to the criteria has been raised in both hospitals and clinics. Proactive screening has been placed in high-risk settings such as prisons and markets. The establishment plans to provide vaccines to high-risk groups and communicate with the public in order to improve disease prevention measures such as wearing a face mask or cloth mask when going out, working from home as much as possible, reducing unnecessary travel, especially at party venues where a large number of people gather, refraining from gathering together to talk or eat together, and receiving vaccines as soon as possible (Department of Disease Control). Infectious disease prevention in the twenty-first century includes preventing outbreaks, slowing the spread of infection, and limiting contact by focusing on disease surveillance and response, as well as disease prevention, control through health system management, detecting people with disease symptoms, checking for infection, isolating, quarantining, and providing treatment, as well as disease investigation, searching for at-risk groups of contacts and patients in a timely manner proper care management for people, especially seriously ill patients, and reducing the impact on the health system of the outbreak, and economy. However, disease surveillance can be organized for community-based surveillance (CBS) by collecting data and transferring it to relevant authorities for use in planning and taking prompt actions to prevent disease (Health Systems Research Institute (NHRI), 2021, p. 20).

Village health volunteers, or VHV in short, are a form of participation of people in taking care of their own health, their families, and their communities through a process of training knowledge from public health officials and working with volunteers, work with sacrifice without salary compensation, only a small allowance, and started operations in 2007 by the Ministry of Public Health. As a result, the number of village health volunteers has gradually increased to include more than one million in both urban and rural communities. They play a key role as leaders in changing health behaviors and other public health issues, with one village health volunteer responsible for each of 10-15 households (Quality and Service Development Group, 2017, p. 2 - 3). During the 2019 coronavirus illness pandemic, village health volunteers cooperated with Subdistrict Health Promoting Hospitals, community leaders, and various health networks in the community to prevent outbreaks and provide advice. They went for knocking on every citizen's door, informing them that they were responsible for providing health advice. During the third wave of the pandemic, they were also assigned to give medicine to people with chronic diseases in the community in order to reduce the risk of receiving medicine at the patient's health care hospital. Village health volunteers are the people closest to the people and play an important role in the community's health, both under normal conditions and during the 2019 coronavirus pandemic. By working closely with the people, village health volunteers must prepare themselves with knowledge, understanding, or health literacy to provide public health services to each house in their assigned area, especially since The Ministry wants all citizens to behave correctly to prevent the spread of the coronavirus disease 2019, including coming to get vaccinated against coronavirus disease 2019 to at least 70% to achieve herd immunity. Village health volunteers must educate the public about vaccination and collect information on at-risk groups in the village in order to send it to the Subdistrict Health Promoting Hospital for a vaccination appointment, as well as continue to monitor for side effects, because the number of people receiving vaccinations at the national level is currently lower than desired (Hfocus, 2021). Village health volunteers, as the public health agents closest to the people, must have adequate and appropriate health literacy to create an understanding of how to behave to prevent the spread of

coronavirus disease 2019 and understand the vaccination process and come get vaccinated to prevent the outbreak of coronavirus disease 2019 as much as possible, which will make most people have immunity and be healthy, have a good quality of life, and eventually a strong community.

Therefore, the potential of village health volunteers should be enhanced to develop public health work. As a result, the government emphasizes public sector participation, such as being a volunteer of village health volunteers who work with the Ministry of Public Health to promote health, monitor, prevent, and screen health problems in community areas. The government has a policy to develop and elevate village health volunteers to increase their potential as leaders who act as a point of departure for solving health problems in the public sector in parallel areas with public health officials in order for people to reduce their reliance on hospitals and become more self-sufficient. It also reduces the cost of travelling to a hospital, patient complications, congestion, and hospital treatment expenses (Samreng Haengkratok, 2019). Developing the potential of village health volunteers in the area of health literacy is important in developing the capacity of village health volunteers at the individual level to have the ability, knowledge, understanding, and skills to access information in order to analyze, interpret, and evaluate information from news, and services on healthcare that are transmitted and learned from the environment. It inspires people to make decisions about how to care for themselves. There is health management yourself and constantly maintain your own good health, including providing advice on personal, family, and community health for good health (Department of Health Service Support, 2017). Health literacy refers to the intellectual capacity (thinking, considering, reflecting, and choosing by yourself) and society at the individual level that is well-versed in health to the point of being able to filter, evaluate, and choose to receive data leading to an informed decision to choose health products, change behaviors, and choose to use health services that are appropriate for oneself (Wachira Pengchan, 2017). People who are health literate not only have access to information, knowledge, understanding, and communication skills, but they can also decide, be aware of various media, and practice self-management, which includes changing your own behaviors and communicating with others to inform. If village health volunteers have high health literacy, they are considered health models for changing people's hygiene and helping to tell other with good quality, resulting in people having good quality of life and creating a stronger community.

Samet Tai Subdistrict of Bang Khla District, Chachoengsao Province faced the problem of managing COVID-19 patients that had spread in Thai Arrow Co., Ltd., a large plant with 4,200 employees located in Samet Tai Subdistrict. Because of 171 infected employees, the Chachoengsao Provincial Communicable Disease Committee ordered the factory to be closed for 14 days and sent a plan of measures to the Chachoengsao Provincial Communicable Disease Committee for consideration until it is certain that the operation of the factory will take care of employees to be safe from infection and the company will open again (Chachoengsao Province, 2021). Later, the company reopened for operation after implementing strong disease control and preventive measures in collaboration with the Samet Tai Subdistrict Administrative Organization, Samet Tai Subdistrict Health Promoting Hospital, and village health volunteers.

The research team, which included lecturers from the Public Health program and the Occupational Health and Safety program of the Faculty of Science and Technology of Chachoengsao Province's only university in the university group for local development, recognized the importance of village health volunteers' health literacy in preventing the spread of coronavirus disease 2019 especially at the community level. This was an initial level of prevention before broader preventative measures were implemented, and it was consistent with the university's mission. It was also a great opportunity for students to learn from the field along with lecturers. Therefore, the area of Samet Tai Subdistrict was selected, which has 96 village health volunteers who perform many of the duties of providing all the health services mentioned above but have never had a study on health literacy to

prevent the pandemic of coronavirus disease 2019 among village health volunteers. The researcher was interested in studying guidelines for promoting health literacy to prevent the spread of coronavirus disease 2019 in the community of village health volunteers, Samet Tai Subdistrict, Chachoengsao Province, during the current pandemic of the disease. It also helped to improve village health volunteers into leaders in health change, which was a significant foundation for the community for developing a strong and sustainable community in the future.

The Purposes of Research

- 1) Study the levels of health literacy of village health volunteers in Samet Tai Subdistrict, Chachoengsao Province, in order to prevent the COVID-19 pandemic.
- 2) Develop guidelines for improving village health volunteers' health literacy in Samet Tai Subdistrict, Chachoengsao Province, in order to prevent the COVID-19 pandemic.

RESEARCH METHODOLOGY

The research was a sequential exploratory mixed method research, both qualitative and quantitative. The research procedures were as follows:

- Step 1:** For collecting qualitative data, the qualitative data was collected by studying and interviewing the current conditions, problems, and guidelines for improving health literacy to prevent the spread of coronavirus disease 2019.
- Step 2:** For analyzing qualitative data, the researcher analyzed the data obtained from step 1 using content analysis approach to find the main points, which were then used to create a curriculum for developing health literacy among village health volunteers to prevent the pandemic of coronavirus disease 2019. After that, a workshop was organized, followed up, and evaluated by collecting quantitative data.
- Step 3:** For collecting quantitative data, the researcher created a questionnaire to assess village health volunteers' knowledge, understanding, and practice regarding the development of health literacy to prevent the pandemic of COVID-2019 before and after the workshop.
- Step 4:** Proceed to improve operational health literacy among village health volunteers in order to prevent the 2019 coronavirus pandemic.
- Step 5:** After development, collect data and analyze quantitative data with descriptive statistics on the general characteristics of key informants and the sample group who responded to the questionnaire. Developing health literacy to prevent the pandemic of Coronavirus disease in 2019 was analyzed using frequency, percentage, and standard deviation.
- Step 6:** Summarized and confirmed the guidelines. The researcher analyzed the quantitative data after the workshop development training, together with the interview results, to apply knowledge from development training to work. The draft guideline for developing health literacy to prevent the pandemic of coronavirus disease 2019 for village health volunteers was created and presented to experts from community leader representatives, Subdistrict health promotion hospital representatives, representatives of village health volunteers, local administrative organization representatives, and five academic representatives in the focus group forum to consider guidelines and confirm appropriate guidelines. Then, organized a meeting to return information on proper guidelines to the community.

Qualitative Research

The population was 97 village health volunteers (VHV) of Samet Tai Subdistrict and directors from Samet Tai Subdistrict health promotion hospital. Key informant was 10 village health volunteers (VHV) of Samet Tai Subdistrict and directors from Samet Tai Subdistrict health promotion hospital. The experts in the focus group comprised representatives from community leaders, subdistrict health promotion hospitals, representatives from village health volunteers, representatives from local administrative organizations, and five academic representatives. Key informant selection using purposive sampling method based on the characteristics that best suited the study objectives and the snowball technique.

Quantitative Research

This section of the research used a survey research approach, with a questionnaire developed from qualitative research results and theoretical concepts regarding the development of health literacy for the prevention of the COVID-19 pandemic and related research serving as a data collecting instrument. The population consisted of 96 village health volunteers from Samet Tai Subdistrict. The sample size was calculated using the Krejcie and Morgan's table, which has a 95% reliability. The sample consisted of 76 village health volunteers from Samet Tai Subdistrict. After determining the sample size, the researcher used a simple random sampling method to get the desired number.

The Results of Research

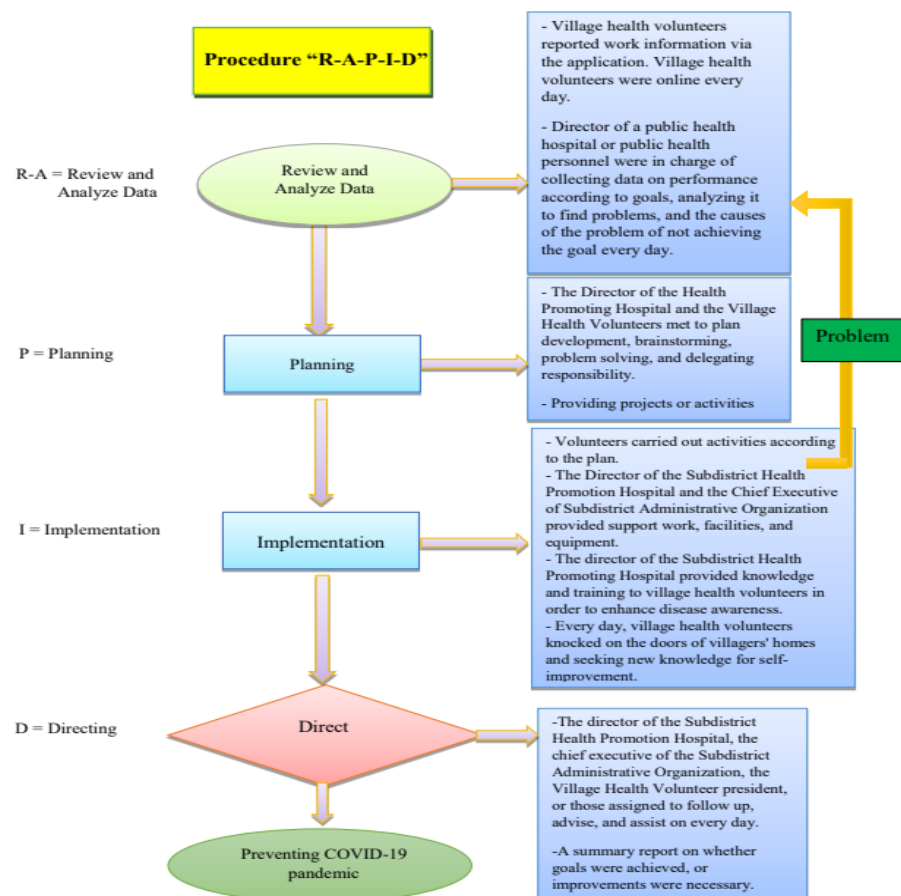


Figure 1: Guidelines for improving village health volunteers' health literacy in Samet Tai Subdistrict, Chachoengsao Province, in order to prevent the COVID-19 pandemic

Figure 1 showed guidelines for improving village health volunteers' health literacy in Samet Tai Subdistrict, Chachoengsao Province, in order to prevent the COVID-19 pandemic. The procedure was as follows: Review and Analyze Data: R - A, Plan: P, Implementation: I, and Direct: D.

R-A-P-I-D Procedure

The R-A-P-I-D Procedure for improving health literacy in order to prevent the COVID-19 pandemic included the following steps:

1) Review and Analyze Data (Review and Analyze Data: R - A)

There was regularly a review of knowledge regarding preventing the spread of coronavirus illness 2019 in the community so that village health volunteers had knowledge and transferred it appropriately and up to date to the people they cared for. Village health volunteers presented work information via the application and worked online every day as part of their daily responsibilities. The director of the Subdistrict Health Promotion Hospital, or a nurse, or public health personnel, was responsible for collecting data on performance according to goals and analyzing it to find problems and the causes of problems in which the target was not achieved every day, as well as collecting work results and various related documents. There was a meeting for village health volunteers and all relevant parties to participate in clarification. There was a review of various activities, conveying what work has been done or was currently in progress, analyzing the data together, and brainstorming whether this activity format has any flaws. Did it need to be improved? There was collaboration to do various assessments and setting objectives and work goals in order to see more clearly.

2) Planning

When the results of the data analysis had been obtained, a meeting would be held to plan the work, which would include planning, design, and development activities to provide village health volunteers with health literacy about preventing the COVID-19 pandemic. There are various evaluation designs, both formal and informal, such as arranging projects, requesting budgets for operations, planning to accomplish the objectives or goals that had been set. Furthermore, the work assignment structure was clearly organized, simple, and informal for easy access to the community.

3) Implementation

All parties collaborated as follows:

- Village health volunteers conducted the plan.
- The Director of the Subdistrict Health Promotion Hospital and the Chief Executive of Subdistrict Administrative Organization provided support work, facilities, and equipment.
- The director of the Subdistrict Health Promoting Hospital provided knowledge and training to village health volunteers in order to enhance disease awareness.
- Village health volunteers knocked on the doors of villagers' homes and seeking new knowledge for self-improvement.

4) Direct

Nurses and public health officials in the area, or those assigned to closely monitor and encourage village health volunteers. When there were still defects, they were to be followed up on, inspected, and offered suggestions or recommendations for enhancing work efficiency with fairness. Work performance was monitored and inspected every two weeks or once a month, depending on the situation. Then, summarize and provide outcomes on whether goals were achieved or where improvements were needed.

DISCUSSION

The researcher discussed the results according to the objectives as follows.

1) The level of village health volunteers' health literacy in Samet Tai Subdistrict, Chachoengsao Province, in order to prevent the COVID-19 pandemic.

The research results found that the overall level of health literacy for Covid-19 pandemic prevention of village health volunteers, Samed Tai Sub-district, Chachoengsao was high. It was consistent with the findings of Benjawan Sonart (2019, p.56) who studied the guidelines for creating health literacy to promote healthy behavior of the working-age population in Bangkok and surrounding areas and found that the overall level was high. It was also consistent with findings of Jirapa Khampisut (2021, p. 23) who studied the health literacy and COVID-19 disease prevention among students of the faculty of Education of Northern College found that students' overall level of health literacy was high.

When considering each aspect, it was found that:

- 1) The overall level of access to health information and health services was high, consistent with Benjawan Sonart (2019, p. 56), who studied a health literacy guideline on health promotion behaviors for working age populations in Bangkok and metropolitan region, and consistent with Jirapa Khampisut (2021, p. 23) who studied the health literacy and COVID-19 prevention behavior among students in faculty of Education, Northern College.

That might be because village health volunteers know how to search for health information, and know how to choose the right information sources, such as searching from a computer, listening from television, resulting in credibility to be used in deciding on correct behavioral changes to prevent coronavirus disease 2019. This was consistent with Benjawan Sonart's (2020, p. 53) statement that village health volunteers could obtain information and health services from a variety of sources that were reliable enough to make accurate decisions. According to the Health Education Division, the Department of Health Service Support (2019, p. 7), one must know how to choose reliable health information and services, search for information and use search tools, search for resources and health services, and find the correct information. This was consistent with Jirapa Khampisut's (2021, p. 25) claim that the COVID-19 pandemic occurred from the end of 2019 until the present. The Center for Coronavirus Disease Situation Administration 2019 (CCSA) provided information and news through various mediums on all channels. As a result, the usage of internet website technology was highly active in seeking information on COVID-19 preventative contacts and treatment facilities, making individuals more educated about their health.

- 2) The overall level of knowledge and comprehension was high, which was consistent with Benjawan Sonart's (2019, p. 56) study of the guidelines for creating health literacy to promote healthy behavior of the working-age population in Bangkok and surrounding areas in terms of knowledge and understanding.

That might be due to continuing training, knowledge, and understanding enhancement provided to village health volunteers. As a consequence, they recalled and conveyed important points about how to practice and comprehend how to utilize knowledge to alter behavior in order to appropriately prevent coronavirus disease 2019. They were also able to analyze and compare information logically on guidelines for having correct health behavior for coronavirus disease prevention 2019, allowing for more control and prevention of coronavirus disease 2019 and being able to work correctly and appropriately. It was corresponding to the Health Education Division, the Department of Health Service Support (2019, p. 7) said that information could be verified from many sources to confirm your own understanding and get reliable information, and explained the understanding of content

issues that could be applied in daily life. The content of the guidelines was also thoroughly analyzed. In accordance with Phattaphon Somjetpaisarn and Santi Tuaymerit (2021, p. 496), village health volunteers had greater knowledge and comprehension of the control and prevention of coronavirus illness 2019 and were able to perform their work correctly and appropriately. It was consistent with Suphanet Chaina (2019, p. 2038), most of the information and knowledge related to local communicable diseases and re-emerging infectious diseases received from training and receiving information from Line application via Line group by relying on information media via mobile phone to be used appropriately.

- 3) The overall level of communication skills was high, which was consistent with Benjawan Sonart's (2019, p. 56) study of a health literacy guideline on health promotion behaviors for working age populations in Bangkok and metropolitan region in terms of knowledge and understanding, and consistent with Jirapa Khampisut (2021, p. 23) who studied the health literacy and COVID-19 prevention behavior among students in faculty of Education, Northern College.

That could be because of village health volunteers convincing others to accept correct behavior guidelines to prevent the spread of the coronavirus disease 2019, such as meeting, talking, and exchanging information, news, and communicating to control health behavior during the COVID crisis. As a consequence, people in the community accepted and adopted new health behaviors into their daily routines. Corresponding to the Health Education Division, the Department of Health Service Support (2019, p. 8) stated that telling your own health story for others to understand, asking questions, and exchanging information to receive information and health services for disease prevention that were appropriate for oneself and the context of the community. In accordance with the World Health Organization (World Health Organization, 2009), communication skills to create understanding should rely on various strategies to provide health information and the importance of various health issues, including various technological innovations to disseminate health information in order to increase health awareness both at the personal and social levels in health care. It was as important as with health development. During public health emergencies, people needed to know what health risks they faced and what they could do to protect their lives and health. Providing accurate information early on and using language and channels that people understand, trust, and can use helped them judge their options and take action to protect themselves, their families, and communities from various health hazards that threatened their lives and livelihoods. In accordance with Jirapa Khampisut (2021, p. 25), the Ministry of Public Health's communication throughout the COVID-19 outbreak had been communication to encourage people to continuously have behaviors to prevent COVID-19 disease according to the guidelines for living life based on a new way of life (New normal) that involved living life in a changed way, such as wearing a mask, maintaining social distance (Social distancing), including legal measures in case of non-observance.

- 4) The overall level of decision-making skills was high, which was consistent with Benjawan Sonart's (2019, p. 56) study of a health literacy guideline on health promotion behaviors for working age populations in Bangkok and metropolitan region in terms of knowledge and understanding, and consistent with Jirapa Khampisut (2021, p. 23) who studied the health literacy and COVID-19 prevention behavior among students in faculty of Education, Northern College.

That could be due to village health volunteers having decision-making skills in using reason or analyzing the advantages and disadvantages in order to reject or avoid them and choosing the appropriate alternative course of action to prevent the pandemic of the coronavirus disease 2019. In accordance with Phanom Klichaya (2018)'s study, people tend to be alert when disease approaches them, especially in areas where there has been an epidemic. As the outbreak approaches, there will be more public awareness. Validation skills using information was important when determining

whether to employ methods to avoid infection from outbreaks and to take care of your own health by eating and living appropriately, exploring your own sickness symptoms, and finding and following news.

- 5) The overall level of media literacy was high, which was consistent with Benjawan Sonart's (2019, p. 56) study of a health literacy guideline on health promotion behaviors for working age populations in Bangkok and metropolitan region in terms of knowledge and understanding, and consistent with Jirapa Khampisut (2021, p. 23) who studied the health literacy and COVID-19 prevention behavior among students in faculty of Education, Northern College.

That might be because village health volunteers were able to check the reliability and accuracy of information presented in the media for use in their own daily health care. They could appropriately explain the advantages and disadvantages of media in providing knowledge in order to prevent the COVID-19 pandemic, as well as evaluate media messages to provide guidance to communities or society. This was consistent with Jirapa Khampisut's (2021, p. 26) statement that a person's ability to filter and evaluate information received from various media to be used in making decisions about choosing one's own behavior, resulting in village health volunteers having the ability to use reason, analyze the good and bad effects to choose how to act to prevent COVID-19 disease. Corresponding to the Health Education Division, the Department of Health Service Support (2018, p.16) stated that it was a person's ability to investigate both the meaning of valuation content and the intention of the media offered through various techniques and methods. As a result, it was necessary to focus on creating and promoting learning through media, particularly public media, which had an enormous influence on the lives of people of all classes.

- 6) The overall level of self-management was high, which was consistent with Jirapa Khampisut (2021, p. 23) who studied the health literacy and COVID-19 prevention behavior among students in faculty of Education, Northern College.

That might be because village health volunteers have the ability to determine goals, plan, and perform on plans in their conduct, as well as advise others how to behave in order to correctly prevent the coronavirus illness pandemic in 2019. There was also a review of how to perform according to your goals in order to adapt the proper way to behave in order to prevent the coronavirus illness pandemic in 2019. This was consistent with Nutbeam's (Nutbeam, 2000) finding that increased health literacy resulted in enhanced skills and ability to manage and care for yourself, including personal behavior and social activities related to health, and led to decisions about changing appropriate self-care behaviors. In accordance with Jongkolnee Tuicharoen, Nichakhan Wongprakhob, Krittakorn Munsraket, and Tidarat Nimkratoke (2020, p.1), creating an understanding of taking care of oneself and people in the community was important to slow down the spread of the disease to prevent the outbreak, spread, and suppression of coronavirus transmission in primary health care. Village health volunteers, community leaders, and people of the community in all areas played an important role in preventing the spread of the COVID-19 disease. Participation of people in the community that was compatible with the local context helped them to work more rapidly, having a more favorable impact on the health service system, social services, and the economy.

2) Guidelines for improving health literacy for Covid-19 pandemic prevention of village health volunteers, Samed Tai Sub-district, Chachoengsao

In accordance with Phattaphon Somjetpaisarn and Santi Tuaymirit (2021, p. 495), the village health volunteers' operational model in controlling and preventing coronavirus illness 2019 in Nakhon Ratchasima Province comprised four elements.

- 1) **Strength:** The strength in the work of the Nakhon Ratchasima Provincial Communicable Disease Control Committee and the Nakhon Ratchasima Provincial Medical and Public Health Emergency Response Operations Center Committee was to provide adequate and appropriate quarantine space, including the ability to use surveillance tools in a timely manner, such as the Covid-19 KORAT program, Cohort ward program, and so on.
- 2) **Communication:** Relevant organizations communicated to the public in order for them to comprehend the province's DMHTT measures and asked for their cooperation.
- 3) **Awareness:** The Governor of Nakhon Ratchasima Province was aware of the situation and prioritized the control and prevention of coronavirus illness in 2019 by issuing a variety of measures, including supporting the self-development of village health volunteers.
- 4) **Network:** There was a network at the local level that included people from all sectors, including village health volunteers and community leaders.

RECOMMENDATION

Recommendation for Implications of the Study

- 1) The health literacy development of village health volunteers for Covid-19 pandemic prevention, Samed Tai Sub-district, Chachoengsao found that communication skill was great, but it ranked last. As a result, executives should promote communication techniques by organizing training to develop the potential of village health volunteers and related persons for increasing health literacy, techniques for inviting, persuading, and persuading listeners to follow, such as vaccinations and complying with government measures.
- 2) Guidelines for promoting health literacy among village health volunteers in Samet Tai Subdistrict, Chachoengsao Province to prevent the pandemic of coronavirus illness 2019 were suitable in subdistricts with comparable contexts to Samet Tai Subdistrict. As a result, it was proposed that nearby subdistricts use the guidelines for developing health literacy to prevent the spread of the coronavirus disease 2019 of village health volunteers, Samet Tai Subdistrict, Chachoengsao Province, as information in formulating important policies for the development of health literacy, knowledgeable in promoting knowledge among all parties for the prevention and control of coronavirus disease 2019, and emerging diseases in the future. Everyone in the community was important and must work together to practice without neglecting strictly and seriously in order to truly benefit and prevent it, especially the village health volunteers in the area who know the people the best. They must be the main force in walking and knocking on the doors of every house, screening everyone, and communicating clearly.

Recommendation for further research

- 1) There should be quantitative research on a structural equation models in order to promote community participation in more effectively preventing the spread of coronavirus illness 2019.
- 2) There should be a study on the factors affecting health literacy of village health volunteers for Covid-19 pandemic prevention.
- 3) There should be a study on the development of effective communication skills of village health volunteers regarding promoting public health.

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