

## Public Health Congress 2018 : An assessment of the relationship between m-health and health literacy typologies on foodborne diseases in James town, Accra, Ghana - Sangeeta Gupta - Delaware State University

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**Statement of the Problem:** In this exploratory study, we examined the relationship between receipt of health information on one's mobile phone and their health literacy on foodborne diseases. In the developing world, diarrheal diseases are still the leading cause of death among children under five years of age. Ghana experiences high incidence of foodborne illnesses annually. **Methodology & Theoretical Orientation:** A survey questionnaire was administered to a random sample of 401 individuals in James Town, Accra. ANOVA tests were undertaken to assess bivariate association between health literacy and m-health. Multiple adjusted linear regression models were used to examine the relative effects of receipt of health information on mobile phone on health literacy. **Result:** The instrument was internally consistent (Cronbach alpha=0.754) and valid. At the bivariate stage of analyses, receipt of health information on mobile phone, age of respondents and educational level of participants were statistically significant with health literacy. The multiple regression models showed that receipt of health information on mobile phone and educational level are predictors of health literacy. After controlling for age, we found that a unit increase in the extent of receipt of health information is associated with 0.478 increases in health literacy score. Although, receipt of health information on mobile phone loses its predictive power after controlling for both education and age, we found that a unit increase in one's education was associated with 0.644 increases in health literacy score. **Conclusion & Significance:** The study demonstrated a direct positive relationship between receiving health information on mobile phone and health literacy controlling for covariates in the urban poor context. That means m-health programs that use the mobile phone as health messaging outlet may, in fact, enhance health literacy among the poor. Future studies may have to design examine specific health information and messages received and their association with different health literacy typologies.

### Discussions:

This look at tried to broaden a tool to degree cholera-targeted fitness literacy a number of the city bad. The tool, which drew on the sector fitness business enterprise's consideration for measuring health

literacy within the global South, initially centered on 4 dimensions of health literacy within the sickness prevention area. Regarding "get right of entry to health information" on cholera, even though posters and flyers on cholera training are ubiquitous within the community, at the time of the survey, about a 5th of the households had neither visible them nor understood the contents. mainly, while 18% suggested that they do not frequently see such substances, any other 19% said that they do not effortlessly recognize the substances. This finding is not surprising because of the style of posters inside the network, particularly posters on funeral announcements as well as movies. but nearly 3-quarters of all household use the records to be had thru posters and flyers, education, and communication substances to train household members about cholera threat factors; this type of degree of access and use of facts materials is expected to decrease the weight of negative health literacy among human beings thereby empowering individuals to act at the statistics and make knowledgeable health choices. In an try and explore the multiple competences that human beings have for attractive with fitness records coupled with the idea that people broaden their own strategies for powerful deciphering of such records, we asked questions that examined intentionality to gather information on cholera. this is particularly vital because human beings have special ranges of education that influences diverse forms of health literacy. in the meantime, fitness literacy and wellknown literacy does now not routinely flow hand in hand and, accordingly, people increase acculturated approaches to get admission to health facts. about a third of households do intentionally exit to searching for facts on cholera consisting of from the clinic and throughout outreach applications made with the aid of the Usher Polyclinic in the place. This shows that some households understand the dangers of cholera contamination and are taking steps to make certain that the disease does now not come to their door step; a essential characteristic of health literacy. however the reality that preferred literacy does now not necessarily undoubtedly correlate with fitness literacy, we found that household that had heads with better instructional degree had higher mean ranks on fitness literacy despite the fact that the

relationship is complex. while all academic corporations scored higher than the organization and not using a training, as an instance, at the “education and

**Conclusion:**

This take a look at, although adopts robust method and yielded beneficial effects, has some of barriers really worth noting. First, the study adopted self-reporting of household health literacy. As it is with all self-reporting, respondents’ on the spot circumstances and self-focus may additionally effect responses; that is a trouble inherent to the method of preference. Secondly, the objective of the examine restrained the instrument to the conceptual framework tailored. therefore, we did now not venture into sickness management domain of fitness literacy. greater so, different dimension of the identical conceptual framework can be assessed. for example, concerning the “social context of health-related decision-making,” the examine did not check decision-making procedure within the families, which is key to this framework, and how final choices are made on

cholera prevention. whilst these obstacles do no longer jeopardize this look at, it's miles well worth citing that, for example, information the selection-making system may additionally light up our understanding of strength dynamics within the family with ramifications for fitness decision-making; as well as explain the demographic differentials that are past the scope of this paper. also, the study did now not observe households’ fitness literacy on unique reasons and signs of cholera. Thirdly, given the complexity of our findings and the framework used, quantitative analyses on my own is inadequate to resolve the nuances within the 3 typologies assessed. therefore, combining with qualitative strategies could have enabled us to supplement and complement our quantitative information. for example, the usage of participatory studies methods inclusive of intellectual models and participatory ranking can also elicit information on household priorities about health and cholera for that be counted.

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