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## The Correlations between Each Step of Health Literacy and Wellbeing and Physical Health Complaints of School Principals in Indonesia, with Gender as the Moderator

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INTRODUCTION: From various health literacy studies, it is known that health literacy is positively correlated with health status. However, there are not many studies that reveal the relationship between each stage of health literacy (accessing, understanding, judging, and applying information) with wellbeing and physical health complaints of male and female school principals.

OBJECTIVE: The aims of this study were: 1) to know the correlations between each stage of Health Literacy and wellbeing and physical health complaints; 2) to compare the correlation results between male and female school principals in Indonesia.

METHODS: A cross-sectional survey was conducted in 2021 of 234 school principals in Indonesia. The measuring instrument used was adapted from the measuring instrument used by Dadaczynski et al. (2021). The data were analysed by split data and simple correlations.

RESULTS: 1. There were no significant correlation between accessing health information nor understanding the information with wellbeing, neither physical health complaints of school principals. But there were significant correlations between judging the information with wellbeing (1 = 0.167, p < 0.05). There was no significant correlation between judging information and physical health complaints. There were significant correlations between applying the information and wellbeing (r=0.209, p<0.05), and physical health complaints (r=-0.276, p< 0.05).

2. There were different results when we split the participants based on their gender. The results of male participants, there were significant correlations between accessing information and wellbeing (r= 0.197, p< 0.05). There were significant correlations between understanding information and wellbeing (r=0.206, p< 0.05), also with physical health complaints ( $^{2}_{1=}$ -0.193, p<0.05). There was no significant correlation between judging health information and wellbeing, neither with physical complaints. There was no significant correlation between applying the information with wellbeing but there was significant correlation with physical complaints (r=-0.286, p< 0.00).

There were results of female participants. there was no significant correlation between of each accessing and understanding information and wellbeing neither the physical complaints. There was significant correlation between judging information and wellbeing (r=0.219, p< 0.05). There was significant correlation between applying the information and wellbeing (r=0.234, p< 0.05), and physical health complaints (r = - 0.251, p< 0.05)

CONCLUSION: The research results showed that there were different results of female and male school principals in Indonesia. The first two steps of health literacy: Ability to access health information and understanding the information were more important than the last two steps of health literacy for male school principals to improve wellbeing and to reduce physical complaints. On the contrary, female participants showed that the last two steps of health literacy: judging and applying information were more important for female school principals to improve wellbeing and to reduce physical health complaints. It is interesting to discuss the reasons why male and female are different in the relationship between health literacy and wellbeing and physical health complaints.

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