



Implementation of Community Education and Knowledge Development in the Utilization of Digital Literacy

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Abstract: This research was conducted in the library of the health center at Posyandu (Integrated Service Post) located in Pasar Borbor Village. Research is carried out once a month in the second week with routine activities for the community. Geographically, Posyandu is far from residential areas, difficult for the community to reach, so there has been a decrease in visits from mothers with toddlers. The purpose of this study was to analyze "Implementation of community education and knowledge development in the utilization of digital literacy in the library of the Borbor Sub-District Public Health Center". The research method used is a descriptive qualitative research method. The population in the study were mothers who had 91 children under five, 41 of whom were samples taken using the accidental sampling technique. To obtain data in assessing knowledge and compliance is done by using a data collection instrument in the form of a questionnaire. The data obtained was then analyzed using the Chi Square statistical test with a value of $\alpha = 0.05$. The research results obtained show: 1) the majority of the utilization of digital literacy is $\pm 43.9\%$, and does not utilize digital literacy of 56.1% ; 2) Lack of knowledge of mothers under five is the main reason for not utilizing digital literacy when visiting posyandu, 3) There is a relationship between knowledge and utilization of digital literacy during visits ($p=0.000$), 4) Mothers of toddlers who have good education and knowledge make more use of digital literacy to make visits to posyandu compared to those who have less education and knowledge. The results of the research really hope that the community will take advantage of digital literacy in visiting the nearest Posyandu.

Keywords: Community Education; Knowledge; Development; Utilization of digital literacy

Introduction

Education and knowledge as an effort to develop human resources, especially to develop intellectual abilities and human personality. Therefore, to obtain maximum results in employee development, education and knowledge programs are needed in accordance with job analysis so that employees know the educational goals and knowledge they are carrying out.

The education and knowledge method is a systematic way that can provide a broad description and can condition the implementation of education and training to develop the cognitive, affective and psychomotor aspects of the workforce towards their duties and work. The education and knowledge method

is an approach to the way in which education and knowledge is organized and implemented.

According to the (Indonesia, 2011), health is a human right which is also an investment, so it needs to be strived for, fought for and improved by every individual and by the whole community so that they can enjoy a healthy life, and in the end can realize an optimal degree of public health. This needs to be done, because health is not the responsibility of the government alone, but is a joint responsibility of the government and the community. According to Kusuma (2022), posyandu is the earliest important health service center for infants and toddlers, but in reality it is in posyandu.

According to Djaiman (2002) factors related to visits by toddlers to posyandu include: 1) Age of toddlers.

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Toddler age is the beginning of life for a person and at this time the development of language skills, creativity, social awareness, emotional and intelligence runs very fast; 2) Number of children. The number of family members affects the attendance of mothers who have children under five to participate in posyandu, in relation to posyandu visits a mother will find it difficult to arrange time to attend posyandu; 3) Employment Status. For working mothers, it will have an impact on family life and time for caring for children is reduced so that mothers of toddlers who have to work outside the home have very little time to participate in the posyandu or even have no time to participate in the posyandu. Meanwhile, housewives may have more time to rest and take the time to take their children to the posyandu; 4) Distance of residence. The distance between the residence and the posyandu greatly influences mothers to attend or participate in posyandu activities. This is in accordance with what Lawrence Green stated in (S. Notoatmojo, 2011; Xin, 2022) that physical environmental factors/geographical location affect a person's/community's behavior towards health.

Many people do not use the posyandu to monitor the growth and development of their children on the grounds that they are busy working or do not have time to bring their toddlers to the posyandu and lack of knowledge about the importance of monitoring the growth and development of toddlers. According to data from the Ministry of Health (2019), there are 296,777 posyandu throughout Indonesia. A total of 188,855 or around 63.6% of them are active posyandu. Active Posyandu is a Posyandu that is able to carry out its main activities on a monthly basis with a minimum coverage of 50% each and carry out additional activities. The increasing number of Posyandu will encourage variations in the various levels of development. There are some posyandu that have reached a very advanced level of development, on the other hand there are still many posyandu that are running sluggishly, maybe even just the nameplate remains. Posyandu categorization or stratification both from organization and achievement can be grouped into 4, namely posyandu pratama, posyandu middle, posyandu full moon, and posyandu independent.

Health problems that occur in toddlers can affect growth and development both in infancy and in the next period, so they need attention. One indication of the use of health services is the active arrival of the community to the service center, which in this case is specific to the utilization of posyandu health services. The impact experienced by toddlers if the mother does not regularly go to the posyandu, is not getting counseling in the health sector, not getting vitamin A, the toddler's mother does not know the growth and development of the

toddler's weight, the mother does not receive provision and counseling about supplementary food.

In achieving the national goals as stated in the preamble to the 1945 Constitution, sustainable development efforts are carried out in a series of development programs that are comprehensively directed and integrated. This development effort is expected to realize an optimal level of community life, including improving health.

The goal of health development as a national commitment can be seen in article 3 of Law Number 36 of 2009 (Health Law) as follows: "Health development aims to increase awareness, willingness, and the ability to live healthy for everyone in order to realize a high degree of public health." as high as possible, as an investment for the development of socially and economically productive human resources." In Law Number 36 of 2009 it is explained that health is a healthy state, both physically, mentally, spiritually and socially which allows everyone to live productively socially and economically. And it has also been determined that everyone has the right to obtain health services. Therefore, every element of society, both individuals and families, has the right to obtain services for their health and the government is responsible for launching, organizing and supervising the implementation of health that is equitable and affordable to the community (Law Number 36 of 2009).

In maintaining its survival (survival) humans are required to struggle / try to make ends meet. Life needs will continue to increase with time and growth, from birth to adulthood. Even the rate of increase or development of human life needs will always be attached to the conditions of social interaction. The increase in needs will start from the most basic level (lowest level) as a prerequisite for normal life towards needs that are life perfecting or of the highest degree. This is in accordance with Maslow's opinion in Nicholas (1995) which states that human life needs are classified into five levels, namely: a. Physiological needs (Phisic needs). These needs are physical and biological in nature as the main requirement for humans to be able to survive normally, so these most basic needs must be fulfilled without being able to be delayed or avoided, consisting of eating, drinking, resting, physical calm, sleeping, sex, and other individual needs. b. The need for safety and security (Safely needs). This need is psychological. This need for life arises from the basic human nature of having a "fear" that requires protection. Because as individual creatures, humans will not be separated from dangers and natural enemies that threaten their survival. For example: war, disease, poverty, sadness, and others. c. The need for group recognition or social needs (Social needs). This need encourages a person to behave in a certain way in order to be liked and liked as a person.

With the appearance of behavior to be liked by others, then someone will be able to be useful or get together with other people. This will allow collaboration within the group. d. The need for appreciation (Esteem needs). The existence of this need will make someone behave to achieve something so that this need is fulfilled is social status. e. The need for self-actualization (Self actualization needs). This need encourages a person to always develop himself and always do the best for himself, with the aim of realizing his own satisfaction and being able to prove his abilities.

Literacy is very relevant to the era where human life is dominated by information technology, namely digital literacy. In general, mastering digital literacy means that you understand how to use information in digital channels (Belshaw & others, 2012; Harmoko, 2021).

According to Maulana (2015), digital literacy is the ability to understand and use information in many formats from various sources when it is presented on a computer. The benefits of digital literacy are as follows: Bulletin of the Library of the Islamic University of Indonesia, 3(2) 2020, 65-80 ISSN : 0853-1544 71, including: saving time, learning faster, saving money, making it safer, always getting the latest information , Always connected, make better decisions, can make you work, make you happier, and influence the world. Patient satisfaction is the output (outcome) of health services. Thus patient satisfaction is one of the goals of improving the quality of health services (Butar-Butar & Simamora, 2016).

The level of customer satisfaction for health care institutions is an added value for doctors, paramedics, pharmaceutical companies, suppliers of medical equipment, including heads of institutions providing health services (Simandalahi et al., 2019). Performance (work achievement) is a work result achieved by a person in carrying out the tasks assigned to him based on skills, experience and sincerity as well as time (Hasibuan & Hasibuan, 2016; Soetrisno, 2016). Service quality is an absolute thing that must be owned by companies or agencies that offer services, because with the quality of service to consumers, companies or agencies can measure the level of performance that has been achieved (Setiawan & Irmawati, 2014). Therefore, the quality of service performance is the basis for service marketing (Muhammad, 2015).

Method

This research is a descriptive qualitative research through direct surveys and also through a cross-sectional approach which aims to determine the implementation of community education and knowledge development in the use of digital literacy in the library of the Borbor District Health Center. The

population in this study were all mothers who had toddlers in Pasar Borbor Village, namely 91 toddlers, while the sample used was 41 people. The research instrument used was a direct survey using questionnaire sheets, questionnaire sheets with structured statements. Primary data and secondary data obtained were tested by statistical testing. Kuesioner yang diberikan kemudian diisi oleh para ibu hamil, kemudian seluruh hasil isian ditabulasi dan dipetakan sesuai dengan indikator yang diberikan, lalu didapatkan hasil daripada kuesioner.

Public service as a form of interest that concerns the people or the community, does not conflict with norms and rules, where the interest originates from the needs (hajat/life) of the people or the community. Public services consist of two categories, namely basic services (substantial) and administrative services. Basic services concern basic human needs, such as education, health, infrastructure, housing, etc. While administrative services concern data collection services as a consequence of status as citizens, such as KTP services, family cards, business permits, etc. (Moenir, 2008).

Result and Discussion

Univariate analysis

Univariate analysis was performed based on Age, Education and Occupation.

Table 1. Frequency Distribution of Respondent Characteristics at the Borbor District Health Center

Characteristics	Frequency (F)	Percentage (%)
Age		
20-27	12	29.3
28-35	21	51.2
36-42	8	19.5
Total	41	100.0
Education		
Elementary school	5	12.2
Junior High School	7	17.1
Senior High School	22	53.7
College	7	17.1
Total	41	100.0
Work		
Housewife	15	36.6
Farmer	13	31.7
Self-employed	7	17.1
Government employees	6	14.6
Total	41	100.0

Based on Table 1 above, it shows that the distribution based on the age of the mother under five is mostly 28-35 years old with 21 people (51.2%), High School Education 22 people (53.7%), Farmers 13 people (31.7%).

Distribution of Community Education and Knowledge Frequency at the Borbor District Health Center

The results of research conducted by researchers can be seen in the distribution Table 2.

Table 2. Distribution of Education and Knowledge Frequency at the Borbor District Health Center

Mother Knowledge	Frequency (F)	Percentage (%)
Good	14	34.1
Enough	9	22.0
Not enough	18	43.9
Total	41	100.0

Based on Table 2, it shows that the education and knowledge of the majority of mothers is lacking, namely as many as 18 people (43.9%) and only 9 people (22.0%).

Frequency Distribution of Digital Literacy Utilization at the Borbor District Public Health Center Library

The results of research conducted by researchers can be seen in Table 3.

Table 3. Frequency Distribution of Digital Literacy Utilization at the Borbor District Public Health Center Library

Visit	Frequency (F)	Percentage (%)
Utilizing	18	43.9
Not Utilizing	23	56.1
Total	41	100.0

Table 3 shows that the majority did not utilize digital literacy at the Borbor District Health Center Library as many as 23 people (56.1%) and 18 people (43.9%) made use of digital literacy at the Borbor District Health Center Library.

Bivariate analysis

Bivariate analysis is an advanced analysis of univariate analysis. Bivariate analysis aims to determine whether there is a relationship between the independent variable (categorical) and the dependent variable (categorical). In this section, the data collected is analyzed to analyze the relationship between education and knowledge by utilizing digital literacy at the Borbor District Health Center Library.

The relationship between education and public knowledge in the use of digital literacy in the library of the Borbor District Health Center

Table 4. Cross-tabulation of community education and knowledge in utilizing digital literacy in the library of the Borbor District Health Center

Mother Knowledge	Utilizing F	%	Not Utilizing F	%	Total	%	P value
Good	12	29.3	2	4.9	14	34.2	0.000
Enough	3	7.3	6	14.6	9	21.9	
Not enough	3	7.3	15	36.6	18	43.9	
Total	18	43.9	23	56.1	41	100	

Based on table 4 above, as many as 14 well-educated and knowledgeable respondents visited the Borbor District Public Health Center library by utilizing digital literacy as many as 12 people (29.3%), not utilizing digital literacy 2 people (4.9%), educated and sufficient knowledge as many as 9 people, utilizing digital literacy as many as 3 people (7.3%), not utilizing digital literacy as many as 6 people (14.6%), having less education and knowledge as many as 18 people, not utilizing digital literacy as many as 15 people (36.6%) and using digital literacy as many as 3 people (7.3%).

As for the relationship between the two variables that were reviewed statistically with Chi Square analysis showed a value of $p = 0.000$. When compared with a significant value $\alpha = 0.05$. This p value is smaller so that the hypothesis is accepted, meaning that it can be concluded that there is a relationship between education and community knowledge in the utilization of digital literacy in the library of the Borbor District Health Center, meaning that if the education and knowledge of

the community is lacking, then there is also less use of digital literacy in the Borbor District Health Center library.

Characteristics of Respondents at the Borbor District Public Health Center Library

The results of research conducted on 41 respondents, the majority aged 28-35 years, were 21 people (51.2%) of productive age at work, so they did not go to the Borbor District Health Center. According to Wawan & Dewi (2010), the more mature, the maturity level and strength of a person will be more mature in thinking and working. So that age can influence a person's knowledge and attitudes. Education and knowledge are very important in influencing knowledge and attitudes.

According to (M. I. Notoatmojo, 2016; S. Notoatmojo, 2011), the higher a person's level of education and knowledge, the higher his understanding, so that the level of education and

knowledge plays an important role in absorbing and understanding information. Characteristics of the majority of respondents with high school education 22 people (53.7%). Education has a very important role in determining human quality, with education humans will gain knowledge and information.

Respondents' daily activities can affect the quality of life that the majority of respondents have jobs as housewives as many as 15 people (36.6%). Respondents who work as farmers and ordinary housewives tend to have less knowledge, while women who have activities outside the home will receive more good information (Waizenegger et al., 2020).

Salah satu harapan pasien saat datang ke pelayanan kesehatan yaitu mendapatkan kepuasan terhadap pelayanan yang diterimanya. Kepuasan pasien menjadi tolak ukur dalam mutu pelayanan kesehatan. Standar kepuasan pasien di pelayanan kesehatan ditetapkan secara nasional oleh Departemen Kesehatan. Menurut Peraturan Kementerian Kesehatan Republik Indonesia tentang Standar Pelayanan Minimal untuk kepuasan pasien yaitu diatas 95% (Hidayat, 2020).

The results of a study conducted on 41 respondents in the library of the Borbor District Public Health Center showed that the majority of mothers had insufficient knowledge, namely 18 people (43.9%) and only 9 people (22.0%). According to (Sumiatin & others, 2022) Knowledge itself is influenced by formal education factors. Knowledge is very closely related to education, where it is hoped that with higher education the person will also have a wider knowledge. However, it needs to be emphasized, it does not mean that someone with low education is absolutely also low in knowledge. This is considering that increasing knowledge is not absolutely obtained from formal education, but can be obtained through non-formal education. This research is in line with (Hani & Agusman, 2022) The Relationship between Mother's Knowledge and Toddler Children's Visits to Posyandu in the Working Area of Padang Bulan Medan Health Center shows that the majority of respondents have poor knowledge. This is also due to the lack of knowledge of the mother caused by the lack of education about posyandu. The data found was a lack of information and encouragement about Posyandu for toddlers and did not want to know about digital literacy in the Borbor District Health Center library. This is due to inadequate facilities, lack of information, encouragement and motivation, making mothers have minimal education and knowledge about digital literacy in the Borbor District Health Center library.

Based on the results of research conducted at the library of the Borbor District Health Center, the lack of education and knowledge of education and public

knowledge in the use of digital literacy in the library of the Borbor District Health Center.

Community education and knowledge also affect the use of digital literacy in the Borbor District Health Center library where the majority of knowledge is bad because it affects visits to the Borbor District Health Center library. The efforts that can be made to increase public knowledge about the benefits of posyandu are such as conducting counseling by cadres and professional health workers.

Utilization of digital literacy in the library of the Borbor District Health Center

The results of research at the Borbor District Health Center library showed that the majority of visits did not utilize digital literacy in the Borbor District Health Center library as many as 23 people (56.1%). This is due to the busyness of the community working as farmers and at the same time being housewives which makes mothers reason that there is no time. This is also based on the characteristics of the majority of mothers as farmers and housewives. According to (Wijhati, 2022) a visit is a matter or act of visiting a place. Toddler visits to the posyandu are toddlers coming to the posyandu to get health services such as weighing, immunization, nutrition counseling, and so on. Toddler visits to posyandu are said to be obedient if the toddler's mother visits regularly every month or 12 times a year. Posyandu whose children weigh or visit less than 8 times per year are considered still vulnerable, whereas if the frequency of visits has been 8 or more times within one year is considered good enough. This research is in line with (Munjayatun et al., 2022) shows that the majority of visits are irregular due to the majority of higher education factors so busy working outside the home does not have time to take their children to posyandu, encouragement from health workers such as cadres who are not friendly, do not remind mothers to come to posyandu and do not want mothers to know about the benefits of posyandu because mothers of toddlers prefer to take their children to the hospital rather than to posyandu, making mothers of toddlers reason reluctant and do not care if posyandu held and choose to work at home.

The Relationship between Education and Community Knowledge in the Utilization of Digital Literacy at the Borbor District Health Center Library

Based on table 4 above, it is known that the results of data processing that has been carried out with a confidence level of 95% show a pvalue = 0.000. When compared with the value of $\alpha = 0.05$, this p value is smaller so that the hypothesis is accepted, meaning that there is a relationship between mother's knowledge and compliance with visits to the toddler Posyandu in the

working area of the Borbor District Health Center, meaning that the better the education and knowledge of the community, the visit to 1. District Health Center Library Borbor increasingly routine. This is due to the majority of mothers' work being farmers and housewives, where the knowledge of housewives has not changed much and because they are busy farming and household affairs make them lazy to open or seek information through the media.

The results of this study are supported by theory (Chiesi et al., 1979) which states that knowledge and cognition are very important domains for the formation of one's actions, because behavior that is not based on knowledge and awareness will not last longer than behavior that is based on knowledge and awareness will be better. The level of knowledge of respondents regarding visits to posyandu was divided into 3 categories, namely the categories of good, sufficient and insufficient knowledge. In this study, the respondent's knowledge was measured by the number of questions answered correctly by the respondent. From the results of the study it appears that the majority of knowledge is lacking. Because of the role of health workers or health cadres to provide knowledge about posyandu through counseling so that mother's knowledge becomes even better.

Conclusion

Implementation of mother's knowledge is lacking or disobedient. There is a relationship between mother's knowledge and visits to posyandu with a value of 0.000 ($p < 0.05$), the worse the mother's knowledge, the more disobedient the visit to posyandu. Oleh karena itu sebaiknya kepada para ibu yang memiliki anak-anak balita diharapkan lebih sering ke posyandu untuk berkunjung untuk menerima pendidikan dan pengetahuan masyarakat dalam pemanfaatan literasi digital di perpustakaan puskesmas.

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