HEALTH COMMUNICATION LITERACY IN EMPOWERMENT OF COMMUNITY HEALTH IN INDONESIAN TOURISM AREA

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ABSTRACT

The pandemic has made people really need health information in order to maintain the health of themselves and their families. The formulation of the research problem is whether there is an influence of health communication literacy on people's attitudes in maintaining health in tourist areas in Indonesia. The purpose of the study was to determine the literacy of health communication in empowering public health in tourist areas. The concept used in the study is literacy of health communication and public attitudes in maintaining health in the pandemic, 2021. The research method used is quantitative by distributing questionnaires to respondents. The results of the research are descriptively all variables in the study are positive. Research suggestion is that this research can be developed by elaborating other knowledge studies and elaborating other methods.

Keywords: Health communication literacy, community health empowerment, community attitude.

ABSTRAK


Kata kunci: Literasi komunikasi kesehatan, pemberdayaan kesehatan masyarakat, sikap masyarakat.

1. LENDAHULUAN

The era of globalization allows all information to spread more quickly thanks to increasingly sophisticated technology and new media, namely the internet. The rapid circulation of information through the internet makes anyone able to access the information and share it again without digesting and understanding the truth of the information. As a result, people will be vulnerable to reading fake news or known as hoaxes because they remember how easily the information circulates. Therefore, media literacy is needed to prevent the negative impacts that occur in society due to reading fake news. Media literacy is not just “media literate” or “not media illiterate” but there are complex things that must be done to develop media literacy capacity (Juliswara, 2017). Media literacy is an important part that must be understood by the public to examine messages, especially in the midst of the rapid flow of information. Media literacy education in Indonesia is intensified so that people are more selective in receiving messages to prevent hoaxes or fake news. As reported from Kompas.com (Kompas.com, 2021), based on data from the Ministry of Communication and Information (Kominfo) during the Covid-19 pandemic, there were 1,387 hoaxes spread across cyberspace from March 2020 to January 2021. The results of a survey on 2020 national digital literacy conducted by Kominfo also strengthened the spread of hoaxes in the midst of a pandemic. The survey conducted in all provinces in Indonesia stated that 68.4 percent of the 670 respondents had disseminated information without examining the truth and 56.1 percent stated that they could not identify hoax information. Based on the data from the survey results, people who are consumers of information have limitations in recognizing and distinguishing between false information and true information (Juliswara, 2017). The public also has the freedom to share information circulating on social
media even though they do not understand the importance of the accuracy of information, journalism ethics, and online media law. The freedom that the public has to disseminate information without seeing whether or not the content contained in the information is accurate causes the dissemination of data and information in the media to be uncontrolled.

The Ministry of Communication and Information together with Siberkreasi and Katadata has published the results of the 2020 National Digital Literacy Survey. Based on digital literacy measures in 34 Indonesian states, respondents based on internet access are faster, cheaper, and spread to remote areas. Most people also use the Internet to chat via text messages, follow social media activities, and watch videos on the Internet. A spokesman for the Ministry of Communication and Information, Dedi Fermaid, said three important aspects need to be considered in efforts to eradicate digital literacy in Indonesia. First, Indonesian people are increasingly using digital space. Second, there are growing problems, especially in the context of the COVID-19 pandemic. Citing the results of an APJII poll conducted a few days ago, spokesman Dedi Fermaid said Indonesia has 196.71 million Internet users or about 73.7 million of the total population. (kominfo.go.id, 2020). Based on these data, it can be concluded that more than half of the population in Indonesia accesses the internet and is a consumer of information circulating on the internet. Although the data shows that internet users in Indonesia are more than half of the total population and show a fairly high number, this does not guarantee that people who access the internet are wise enough to receive and digest the information they get through the internet. That is, there is still a chance that incorrect information will spread among the community if there is no ability to maintain the quality of the content of a news story, while the public can quickly access information on the news. Therefore, the development of digital technology that occurs rapidly in society makes people experience culture shock (Fitriarti, 2019).

The rapid flow of new media now brings the process of disseminating information, including health information. Online media is one of the information media for the public to seek health information through health portal sites or websites about health information (Prasanti, 2018b). Searching for health information through online media is based on the ease of access that online media has. Online news portals such as Detik.com, Kompas.com, Liputan6.com are competing to present health information to the public. Digital health applications have also started to be launched in Indonesia, such as Halodoc and Adodoker which allow the public to access health information and to conduct health consultations. However, not all article writers on online news portals are competent people in the health sector so that the level of credibility possessed by online media portals often raises questions. (Siswanta, 2015). Nowadays, anyone is free to make information or news even though he does not have sufficient knowledge so that the accuracy of the information must be questioned, especially in making information about health. Health information is information that is prone to hoaxes. The top position of hoax news that is massively spread by the public is occupied by hoaxes regarding health which are considered dangerous if not addressed (Fitriarti, 2019).

The government has taken various ways to break the chain of the spread of Covid-19 that has hit Indonesia since March 2020. Covid-19 is an infectious disease caused by SARS-CoV-2 and was designated as a pandemic by the World Health Organization (WHO) on March 9, 2020. The rapid transmission of Covid-19, which is transmitted through splashes of liquid or droplets, has prompted the government to take decisive action to limit the spread of COVID-19. Community activities outside the home. Large-Scale Social Restrictions (PSBB) was set by President Joko Widodo through the issuance of Government Regulation No. 21 of 2020 concerning Large-Scale Social Restrictions. The determination of the PSBB is an initial regulation that directs people to carry out activities from home to suppress the spread of Covid-19. The Covid-19 pandemic has paralyzed various sectors, including the economic sector, so the government has also set policies regarding the handling of Covid-19 and the economy as a form of optimizing the social security of its citizens through the establishment of the Covid-19 Handling Committee and National Economic Recovery. The government's policy to ensure the fulfillment of the basic needs of the population is realized through an increase in recipients of the Family Hope Program assistance to 10 million families and the number of funds increasing to 25%; an increase in the number of basic food card recipients to 20 million recipients and an increase in the number of funds to Rp 200 thousand; an increase in the budget for Pre-Employment Cards which reached Rp 20 trillion with 5.6 million recipients; reduced electricity payments for 450 VA and 900 VA users; holding reserve funds for meeting basic needs, market operations, and logistics; and ensure that informal workers get credit relief. In
January 2021, the government issued a PPKM policy (Enforcement of Restrictions on Community Activities) which was implemented in Java and Bali which were considered red zones. The government also carried out a mass vaccination program that was given in stages and divided into three major groups, namely 1.4 million health workers, 21.5 million elderly and 17.3 public service workers, and 141.3 million vulnerable and general people (CNN Indonesia, 2021). Indonesia received two types of vaccines, namely CoronaVac and AstraZeneca vaccines and produced one Covid-19 vaccine produced by PT. Bio Farma. Mass vaccination is carried out so that Indonesia can achieve herd immunity.

The question in this study is whether there is health communication literacy on people's attitudes in handling health during a pandemic? And the purpose of this study was to determine the literacy of health communication on people's attitudes in handling health during a pandemic.

2. LITERATURE REVIEW

Media literacy is a set of perspectives that are used actively when accessing mass media to interpret the message at hand. So in the end, media literacy is not only providing information and entertainment but also inviting the general public to make behavioral changes (https://penerbitbukudeepublish.com/literasi-media/). Media literacy is a person's ability to use various media to access, analyze and generate information for various purposes in the daily life of a person who will be influenced by the existing media around us in the form of television, film, radio, recorded music, newspapers and magazines. From the media, it is still coupled with the internet, even now through the Internet cell phones are accessible. The term digital literacy became popular around 2005 (Davis & Shaw, 2011), digital literacy means the ability to relate to information hypertextual in the sense of computer-aided unordered reading. Literacy term digital technology was used in the 1980s (Davis & Shaw, 2011), in general means the ability to relate to hypertextual information in the sense of computer-aided non-sequential or non-sequential reading (Bawden, 2001). The definition of media literacy uses a trichotomy approach that includes three fields, namely media literacy means having access to media, understanding media and create and express oneself to use media (Buckingham 2005, Livingstone 2005). Access includes media use and habits, means the ability to use navigational functions and competencies (change television channels, using an internet connection), competence in controlling media (e.g. using interactive installed systems, conducting transactions via the internet) etc. Comprehension means having the ability to understand or interpret gain a perspective on media content and a critical attitude towards it. Create includes interacting with the media (e.g. speaking on the radio, participating in discussion on the internet), also produces media content. For someone who has the experience of filling various mass media makes a person have an understanding better understanding and critical approach to media content. Media literacy connects the Three C's as follows: computing, communication networks and content in digital format (digitalized), where the merging itself begins with C (convergence). This media by Flew (2002) is understood as digital media, namely all forms of media content that are combine and unify (integrate) data, text, voice and various kinds of images (images) stored in digital format, and distributed via e-mail communication networks such as fiber optic, broadband, satellite and transmission systems microwave.

Silverblatt (1995) Media literacy is learned through improving the individual's ability to understand and analyze media content. The elements of media literacy are the awareness that the media has an influence on individuals and society; understand the process of mass communication; strategies that have been developed so that media messages can be analyzed and discussed; the existence of a conscious attitude that media content is a picture of our culture and ourselves at this time; pleasure, understanding, and appreciation of media content can be developed (Silverblatt, 1995).

Critical awareness of media through media literacy can be achieved through the seven skills or abilities proposed by James Potter (Gungum et al., 2017). The seven skills and abilities are:

1. Analytical skills so that we are required to break down the messages we have received in the media content into meaningful elements
2. Evaluation is assessing the meaning of these elements that we have made
3. Grouping, namely elements that have similarities and elements that have differences are determined then group them into different categories
4. Induction, namely making conclusions on the grouping of elements and then the patterns of these elements are generalized to a wider message
5. Deduction is a general principle used to clarify something more specific
6. Synthesis is where existing elements are collected into a new structure
7. Abstracting is making a short, clear, and accurate description or explanation so that the essence of the message can be described but is shorter than the original message (Potter, 2011).

Health literacy is an ability individuals in accessing, understanding and using information and health services to make an informed decision (Vermeul et al., 2018). According to the World Health Organization (2009) health literacy defined as the cognitive and social skills that determine individual motivation and ability to gain access to, understand and use information to improve health status. Health literacy consists of functional health literacy, literacy communicative health and critical health literacy. Functional health literacy is a basic skill that individuals have to obtain relevant health information, for example regarding health risks and how to use the system health. Communicative health literacy is an ability individuals to access information and obtain the meaning of information from various forms of communication both interpersonally, mass media and to apply the information. Critical health literacy are individual cognitive skills that are more advanced together with applied social skills to critique information critically and use information to bring about change on health status towards a better direction (Nutbeam, 2015).

The term health literacy has been known in Health Education since 1970 and is considered a social policy. Since 1990, the concept of health literacy has been widely used as a coined term for the administration of the payment system in the United States. UNESCO defines literacy as literacy is the ability to identify, understand, interpret, create, communicate and calculate, using printed and written materials related to various contexts. From the understanding put forward by WHO regarding health literacy, WHO defines health literacy as an individual's cognitive and social skills related to accessing, understanding, and using health information to protect health. According to Parnell, Health literacy is a dynamic and collaborative approach that combines prior knowledge and experience in health care as well as cognitive skills that influence the ability of health care organizations, providers, and beneficiaries to access, understand and use health information and services, mutually beneficial technology. Create an informed solution. Take action and improve your health (Batubara, S. O., Hstu-Hung, W., & Fan-Hao, 2020).

In the context of health development, health communication literacy or health literacy is an important part of an effort to raise public awareness through knowledge of the community’s ability to access health information and understand the information obtained (Dida et al., 2020). In 1970 the concept of health literacy has emerged and is related to health education, then since 1990 interest in the discussion of health literacy has increased rapidly but the term health literacy is still less familiar in Indonesia and this term tends to be quite difficult to translate into Indonesian. Health literacy is not just the ability to read pamphlets and communicate successfully with health workers but also describes the cognitive abilities, motivations, and abilities of individuals to maintain their health by accessing, understanding, and using information (Prasanti, 2018a). Health literacy is considered important to be mastered by the community. Health literacy encourages us to have the ability to sort and determine which health information should be received and used as a guide in daily behavior. Health literacy is all knowledge related to the health sector, especially those related to a healthy lifestyle. The Institute of Medicine formally defines health literacy as a person's ability to obtain, process, and understand information and health services needed in making appropriate health-related decisions (Ratzen and Parker, 2000). Examples of the application of literacy skills needed by a person in the health sector include reading and following physical activity guidelines while exercising, reading labels and nutritional levels in food products, carrying out a diet according to consultant instructions, filling out forms for health insurance applications, consulting with doctors, understand drug prescriptions, and read posters for the implementation of the healthy living community movement. All of the above activities require good literacy skills.

A response that is still closed in nature obtained from someone to a stimulus or object is the definition of attitude according to Notoatmodjo in 2010. While the definition of attitude proposed by Secord and Backman, attitude is a pattern of behavior in adjusting oneself in a social situation and or simply (Nurzeta, D. F., Sumiati, S., Marsofely, R. L., Linda, L., & Andeka, 2020). According to Zaim in (Pitoewas, 2018) interpreting attitude is a form of evaluation of feelings and potential tendencies to react which is the result of the interaction between cognitive, affective, and conative components that react to each other and understand and behave towards an object. From the definition put forward by Zaim, Pitoewas concluded that what is meant by attitude is a person's tendency to
act, think, and feel in the face of an object, value, situation, or idea. In this case, it is related to determining whether someone agrees or disagrees about what he likes, or what he expects both in terms of positive and negative thought.

The meaning of attitude according to Widayatun in (Hendrawan, J. S., & Hani, 2017) which defines attitude as a mental and neural state of readiness regulated through experience that exerts a dynamic or directed influence on the individual's response to all objects and situations associated with it. As for the opinion of Saifudin in (Hendrawan, J. S., & Hani, 2017) Regarding attitude, Saifudin defines attitude as a form of reaction regarding an object whether it is said to be partial or impartial. This is a certain regularity of one's feelings, thoughts, and actions in an aspect that occurs in the environment around one's residence. From the definition that has been put forward by Widayantu and Saifudin, Hendrawan concluded that what is meant by attitude is a person's response or reaction to something that happens in the environment around an individual's life.

In addition, according to Rakhmat in (Ummatin, 2021) Attitude is a tendency to take action, to perceive, to think, and to feel in an idea, object, or situation and value. This attitude is not just behavior but also a tendency to behave which is usually done in a certain way. Attitudes are all actions and actions that are based on the convictions and beliefs they have. Attitude is an evaluative statement towards everything, it can be an object, person or event. Attitude reflects one's feelings towards something. Attitude has three main components, namely awareness, feeling, and behavior.

In attitude, there are three main components according to Triandis in (Ummatin, 2021) namely cognitive, affective, and conative. The cognitive component can be interpreted as a person's knowledge, belief, and understanding of an object that can be known through the process of seeing, hearing, and feeling. Furthermore, the affective component is a component in attitudes that is connected with feeling happy or not about an object or components that are directly related to emotional problems. While the conative component is a component that tends to behave or act someone in an object it faces. Human attitudes are not formed since humans are born. Attitude humans are formed through social processes that occur during their lives.

Where individuals get information and experience. Process this can take place in the family, school, as well as society. When there is a social process there is a reciprocal relationship feedback between the individual and his surroundings. The attitude of an individual is also determined by the existence of interaction with the surroundings through a complex process.

3. RESEARCH METHODS

This study uses a quantitative approach. Quantitative research is an attempt by a researcher to find knowledge by presenting data in the form of numbers. The figures obtained are used to carry out information analysis. In simpler language, quantitative research is scientific research that is systematically arranged on the parts and tries to find causality to find out the relationship. According to Creswell, the notion of quantitative as an effort to investigate the problem. This is the problem that underlies the researcher taking data, determining variables and then measuring them with numbers so that analysis can be carried out in accordance with applicable statistical procedures. As for the purpose of conducting quantitative research, none other than helping in drawing conclusions or assisting in generalizing the right predictive theory. By distributing questionnaires to 211 respondents. KMO media literacy validity results = .876 with a significance value = .000 and the attitude of the KMO community = .821 with a significance value = .000.

4. RESEARCH RESULTS AND DISCUSSION

The results of descriptive research are all components of media literacy positive. The information content, user and cognitive skills, affective and connotation of the respondents are positive. The community's response in the condition of health communication literacy is very much needed by them. So they really need health information in strengthening health in a pandemic condition.

Table 1. Descriptive research results

<table>
<thead>
<tr>
<th>No.</th>
<th>Health Communication Literacy</th>
<th>f</th>
<th>People's Attitude</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Contents of media</td>
<td>.893</td>
<td>Cognitive</td>
<td>.723</td>
</tr>
<tr>
<td>2.</td>
<td>User skills</td>
<td>.768</td>
<td>Affective</td>
<td>.698</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>conative</td>
<td>.812</td>
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</tbody>
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Based on table 1 regarding the results of descriptive research, it is found that in this study the media literacy variable has dimensions of media content and user skills. Where in the dimensions of the media content obtained a value of 0.893. While the dimensions of user skills with a value of 0.768.

Media content can be interpreted as a form of presentation of information or news related to journalistic activities whether it is contained in print media, electronic media, or in online media. The content of the media that many people know is news. Even though there are lots of other media contents such as editorials, corners, and so on. The content of this media shows the ideology of the media. This mass communicator or media organization selects, manages, and selects media content for distribution. In this health communication literacy, media content plays an important role because media content greatly influences a person's reading interest in this case concerning health information in a pandemic condition like today.

User skills are the ability of a user to do or do something well. From this, it can be said that the ability here is the ability and potential possessed by an individual. This is in line with the definition which says that in the context of health development, health communication literacy or health literacy is an important part as an effort to make the public aware through knowledge of the community's ability to access health information and understand the information obtained by the community in the media related to maintaining health. In tourist areas in Indonesia.

Health literacy is one way that can be used to increase public understanding and preventive efforts in protecting themselves from the Covid-19 virus and also the circulating hoax issues. The Institute of Medicine formally defines health literacy as a person's ability to obtain, understand, and process information and health services needed to make appropriate health decisions. From this definition, it can be seen that if someone has a good level of understanding of health literacy, they are able to apply the information they get in everyday life.

Consciously or not, health literacy has become a solution to health problems in the community, for example when reading instructions for using drugs, conducting health consultations with doctors, following procedures when exercising, and so on. With good health literacy, health literacy can be used as a medium to build community conditions together. By increasing the level of understanding of health problems and supported by social actions that actively involve the community so that the community can participate and practice it in their daily lives. Apart from being a solution to health problems, health literacy is also able to become a fortress for the community to avoid the threat of hoax issues. The results of each dimension in health communication literacy are above average so that the results are very good and have a positive value. With the lowest user skill value.

Meanwhile, in the community attitude variable, there are cognitive, affective, and conative dimensions. Where in the cognitive dimension a value of 0.723 is obtained. While the affective dimension obtained a value of 0.698. And the conative dimension with a value of 0.812. According to Theory of Reasoned Action (Fishbein and Ajzen, 1973 through Siregar, 1993: 17), among the variables of attitude and behavior (action) there is a variable that mediates it, namely the intention (disposition). Somebody who will perform an action based on a specific purpose. This theory places attitude in a central place in relation to I with human actions, their attitudes are said to be a function of belief. Someone who believes that the action that will be taken will have a positive impact on him, he will tend to take the action. And vice versa if he believes the action what will be done has a negative impact on him, he is refusing to take the action. This is called behavior belief. In addition to personal beliefs (behavior beliefs), group beliefs (group beliefs) also determine one's actions. If the person believes that his actions will be approved by his group or social environment, then he will do it. On the other hand, if he believes that his social environment will not support him, then he does not intend to take this action. Recognizing the complexity of attitudes as stated in above, need to seriously think about how it should be attitude is taught. How attitudes can be changed or changed, and how to measure attitudes (Zuchdi, 1995).

Cognitive component or cognitive component is an attitude component that refers to the mental processes of perception, knowledge, information, and beliefs held by a person (Tukinu, T., Istiati, I, & Pawenang, 2020). The Cognitive Component contains perceptions, beliefs, and stereotypes that an individual has about something. Perception and belief someone about the object of attitude in the form of views (opinions) and often times is a stereotype or something that has been patterned in this mind. The
cognitive component of this attitude is not always accurate. Sometimes trust actually arises in the absence of valid information right about an object. Emotional needs are often the main determinant for the formation of trust. From this, people in Indonesian tourist areas have confidence that during a pandemic like the current one they really need health information to strengthen their health.

The affective component is a component related to feelings of pleasure or displeasure or a person's reaction or response (Pitoewas, 2018). The affective component involves feelings or emotions. Our emotional reaction to an object will form a positive attitude or negative for the object. This emotional reaction is determined a lot by belief in an object, namely the belief in an object good or bad, useful or not. Based on this, people in Indonesian tourist areas have a good response in terms of maintaining health during the pandemic.

The conative component or behavioral component is defined as a component in forming reactions, wills, and efforts that are characterized by behavior in achieving a certain goal (Devi, 2015). Conative component or tendency to act (behave) in a person related to the object of attitude. A person's behavior in certain situations and in situations facing certain stimuli, largely determined by beliefs and feelings about the stimulus the. Tendency to behave consistently, in harmony with these beliefs and feelings shape individual attitudes. From this, people in Indonesian tourist areas to break the chain of the spread of the Covid-19 virus and so that their tourism areas are visited by many local and foreign tourists. So the people must take care of their health, one of which is by vaccinating and maintaining health protocols, especially in tourist areas.

Of the three components of the attitude has a consistent tendency. This can be interpreted that if there is a change in one of the components of his attitude, it tends to produce related changes. Based on the attitude variable above, the value of the affective component is the lowest value.

Simple linear regression research has a positive effect on people's attitudes. Based on the results of simple linear regression in this study, there is an influence between health communication literacy and community attitudes where the \( r \) value is 0.503. With a significance value of 0.000. This can be interpreted that there is an influence between the variables of health literacy with public attitudes. This is based on the condition that if the results are said to be significant if the results of the simple linear regression test are less than 0.05. And if it is more than 0.05, it can be said that the simple linear regression is not significant.

So it can be concluded that there is a strong influence of health communication literacy in health empowerment. This is evidenced by the fact that people in tourist areas are also very concerned about mutual health. Because they are very aware that the economic condition is very dependent on tourism. Therefore, if the entire population in the tourist area is healthy, then tourism in the area will be visited by many local and foreign tourists.

5. CONCLUSIONS AND SUGGESTIONS

The study concludes that the influence of health communication literacy has a strong influence on people's attitudes in maintaining health during a pandemic. The suggestion for this research is that this research can be elaborated with other concepts and methods to develop the concept of health communication literacy and public attitudes.

6. DAFTAR PUSTAKA


