
**FACTORS RELATED TO HEALTH LITERACY IN ADOLESCENTS
AT PEKANBARU CITY****Dhea Kawulan Lautia¹, *Emy Leonita², Alhidayati³**¹Program Studi Kesehatan Masyarakat, Fakultas Kesehatan, Universitas Hang Tuah Pekanbaru.
email: dheawulantia@gmail.com²Program Studi Kesehatan Masyarakat, Fakultas Kesehatan, Universitas Hang Tuah Pekanbaru.
email: leonitaemy@htp.ac.id³Program Studi Kesehatan Masyarakat, Fakultas Kesehatan, Universitas Hang Tuah Pekanbaru.
email: alhidayati.skm@gmail.com**Abstract**

Teenagers in the current era are experiencing a reading crisis, according to UNISCO, the reading interest of the Indonesian people is very concerning, only 0.001% of 1,000 Indonesians, only 1 person is an avid reader. According to initial survey data conducted at Senior High School 8 Pekanbaru by interviewing 10 students, there were 8 students who rarely carried out health literacy and 2 people who often carried out health literacy because they carried out health literacy when they received health complaints. The purpose of this study was to determine the factors related to health literacy in adolescents at Senior High School 8 Pekanbaru in 2023. This type of quantitative research had a cross sectional study design. The population in this study were all of the students in X and XI grades Senior High School 8 Pekanbaru for a total of 897 and the samples of this research is 161 respondents. The measuring tool used in this study is questionnaire. The sampling technique used in this study is the Proportional Random Sampling technique. Data analysis was performed univariately and bivariately with the chi-square test ($\alpha = 0.05$). The results showed that there was a P value $< \alpha 0.05$, attitude (P value = $0.025 < 0.05$), access to information media (P value = $0.000 < 0.05$), the role of teachers (P value = $0.011 < 0.05$) and the results of the P value $> \alpha 0.05$ are the role of the family (P value = $0.479 > 0.05$), as well as peers with health literacy (P value = $0.427 > 0.05$). From these results it can be concluded that of the five variables there are three related variables (attitude, access to information media, teacher's role) and two unrelated variables (role of family, peers) with health literacy in adolescents at Senior High School 8 Pekanbaru

Keywords : Health Literacy, Adolescent.

INTRODUCTION

Literacy, according to the Ministry of Education and Culture, is the ability to access, understand, and use something intelligently through various activities, including reading, seeing, listening, writing, and speaking.¹ Literacy is an important issue in this century and in the future because it is one of the most important soft skills that everyone needs to master in order to face the challenges and changes that are different in the future.²

Literacy is one of the most important things because it gives an overview of whether or not a new civilization is progressing in every country. In Indonesia, the literacy rate based on the latest data in January 2020, UNESCO Indonesia is ranked second from the bottom in the world of literacy, meaning that the public's reading interest is very low. According to UNESCO data, the public's reading interest in Indonesia is very worrying, only 0.001%. Out of 1,000 Indonesians, only 1 person is a regular reader.³ A different research on World's Most Literate Nations Ranked conducted by Central Connecticut State University in March 2016, Indonesia

was stated to rank 60th out of 61 countries in terms of reading interest, precisely below Thailand 59 and above Botswana 61. Of the 34 provinces in Indonesia, only 9 provinces are included in moderate literacy activities, 24 provinces are included in low literacy, and one province is included in the very low literacy category. South Sulawesi is ranked 11th with an index value of 38.82. Meanwhile, for the index dimension of culture, which includes the question of reading habits, then South Sulawesi is also in the low zone with a score of 27.94.⁴ Based on the PISA Programme For International Student Assessment) scores in 2018, Indonesia ranked 70th out of 78 countries that are members of the OECD in terms of reading, while Indonesian children in the 15-year-old group ranked 73rd out of 79 countries.⁵ The low reading interest in Indonesia will certainly have various negative impacts.

The negative impacts of lack of literacy are: many young generations become lazy generations, lack of knowledge, difficulty finding a job due to lack of knowledge, lazy young generations will find it difficult to socialize because of their lack of insight and young generations will find it difficult to develop their potential because of their limited knowledge as well as many young people who do not care about the surrounding environment and tend to be selfish because they are busy with their gadgets.⁶

Health literacy according to Broder (2018) is a combination of someone's ability and situation to receive, understand, evaluate and use health information and services to enable them to make decisions about their own health, including the ability to communicate, confirm and act on the results of their decisions.⁷

Health literacy has a very important role in efforts to prevent various health problems. High health literacy will enable someone to use the right health information to improve or maintain their health.⁸ There are three domains that health literacy has, namely health care, health care, and health promotion.⁹ Individuals with low health literacy are more likely to have worse health-risk behaviors, higher health costs, and worse health status. There is a strong association between health literacy and health outcomes, many countries have adopted health literacy as a key strategy to reduce health disparities.¹⁰

An important cause of poor health conditions can be seen from the low level of health literacy by the community, poor communication between doctors and patients, and efforts to prevent and early detection of diseases that are sometimes not understood by patients. If someone has a high level of literacy, then they will understand all the actions that need to be taken in an effort to prevent and treat their illness. Therefore, everyone should strive for health literacy, both in adults and adolescents, because it is to improve adolescent health and ultimately adult health.¹¹

Adolescence is one of the main stages of life, because it is a time when the brain's ability to absorb information is very high, whatever information is given will have a strong impact on adolescents in the future. Increasing health literacy at an early age is very important for personal health and development so that it can become an agent of change in healthy behavior. In the current era, adolescents are experiencing a reading crisis, this is caused by the rapid

development of technology so that the reading culture is slowly being abandoned. Literacy will lead adolescents to understand a message. The importance of literacy is also conveyed by the Ministry of Education and Culture that the literacy culture that is embedded in the learners affects the level of success and the learners' ability to understand information analytically, critically, and reflectively. Currently, the majority of adolescents prefer to spend their time playing games or gathering with friends instead of reading books and looking for other information, especially health information.¹²

There are several factors that are related to adolescent health literacy, which are: Attitude, study by Warta et al. (2022) found that attitude has an impact on reproductive health literacy. Access to information media, the role of access to information media is important in forming an adolescent's knowledge in understanding health problems. A study by Nurohmah Yuni (2019) found a relationship between the two variables of reading interest and the use of learning media. Family role, the family role is the first educator for adolescents. A study by Warta et al. (2022) found that the role of the family has an impact on reproductive health literacy. Peer group, adolescents tend to have the same behavior as their peer group. Teacher role, teachers educate, teach, and provide guidance to students. A study by Kusuma et al. (2018) found a significant influence between reading interest, learning motivation, and peer environment.

The development of information and technology is leading to a decline in interest in literacy in Indonesia. Adolescents now generally spend more time in front of the television or gadgets. Based on an interview with the Head of the Riau Province Literacy Task Force, all schools in Riau have implemented literacy activities, but the types of literacy activities they have implemented are different. SMA Negeri 8 Pekanbaru is one of the favorite public schools in Pekanbaru City with accreditation A and has students who are not only academically but also non-academically.

A similar study on health literacy has been conducted in a school with accreditation C, namely SMA Negeri 5 Simeulue Barat. Therefore, the researcher chose SMA Negeri 8 Pekanbaru as a research location to compare the level of health literacy in one of the favorite schools with accreditation A and to conduct research on health literacy that has never been done in the school.

RESEARCH METHODS

This study used a quantitative research type, with a cross-sectional study design. The location of the study was conducted at SMA Negeri 8 Pekanbaru and the study was conducted in May 2023. The population of this study was all students of class X and XI of SMA Negeri 8 Pekanbaru, totaling 897 people, class X as many as 468 students, class XI as many as 429 students and a sample of 161 student respondents. The sampling technique used in this study was the Proportional Random Sampling technique by drawing lots from the absence number using an application in the form of Spin, namely Random Number Generator. The sample criteria were students who were willing to be respondents and students of class X and XI of SMA Negeri 8 Pekanbaru.

The data collection technique used a questionnaire through a google form that was distributed through the WhatsApp group of students assisted by the school to respondents who were in each class that was directly supervised by the researcher until it was finished. With the condition that it meets the criteria/is suitable as a data source and is in accordance with the large number of samples that have been determined. Respondents were asked to fill out the questionnaire themselves. Before this questionnaire was distributed, the researcher first conducted a validity and reliability test. Data analysis was carried out in stages, namely normality and univariate tests and bivariate analysis with the chi-square test. In this study, the variables studied were independent variables and dependent variables. The independent variables include attitude, media access, family role, peers and teacher role, and the dependent variable is adolescent health literacy.

RESEARCH RESULT

1. Respondent Characteristics

The characteristic data in this study is based on class, gender, and age. Of the 161 respondents, it was found that most of the respondents were in the category of class X with 84 respondents (52.2%), class XI with 77 respondents (47.8%), male gender with 67 respondents (41.6%) and female with 94 respondents (58.4%), and in the category of age 15 with 35 respondents (21.7%), age 16 with 67 respondents (41.6%), age 17 with 55 respondents (34.2%), and age 18 with 4 respondents (2.5%).

Table 1. Respondent Characteristics

No	Characteristic	Frequency	Percentage (%)
1.	Class		
	X	84	52,2
	XI	77	47,8
	Total	161	100
2.	Gender		
	Male	67	41,6
	Female	94	58,4
	Total	161	100
3.	Age		
	15	35	21,7
	16	67	41,6
	17	55	34,2
	18	4	2,5
	Total	161	100

2. Univariate Analysis Results

Based on the univariate analysis results of 161 respondents, it was found that the health literacy category with low respondents was 66 respondents (41.0%) while respondents with high categories were 95 respondents (59.0%). The variable of negative adolescent

health literacy attitudes was 58 respondents (36.0%), poor media information access was 88 respondents (54.7%), family role was not involved in 22 respondents (13.7%), peers did not have support as many as 78 respondents (48.4%), while the teacher role did not play a role as many as 30 respondents (18.6).

Table 2. Frequency Distribution based on Dependent and Independent Variables

No	Variable	Frequency	Percentage (%)
1.	Health literacy in adolescents		
	Low	66	41,0
	High	95	59,0
	Total	161	100
2.	Attitude		
	Negative	58	36,0
	Positive	103	64,0
	Total	161	100
3.	Media information access		
	Poor	88	54,7
	Good	73	45,3
	Total	161	100
4.	Family role		
	Not involved	22	13,7
	Involved	139	86,3
	Total	161	100
5.	Peer suport		
	Absent	78	48,4
	Present	83	51,6
	Total	161	100
6.	Teacher role		
	Not involved	30	18,6
	Involved	131	81,4
	Total	161	100

3. Bivariate Analysis Results

a. Relationship between attitude and teenagers health literacy

Based on table 3, of the 58 respondents, 31 respondents (53.4%) with negative attitudes had low health literacy, while 35 respondents (34.0%) with positive attitudes had low health literacy. The results of the statistical test using the chi-square test obtained a P value = 0.025, which means that the p value < α (0.05), meaning that there is a relationship between attitude and adolescent health literacy. With a POR value of 2.231 (1.156-4.306), which means that adolescents with negative attitudes are 2.2 times more likely to have low health literacy than teenagers with positive attitudes.

Table 3. Relationship Between Attitude and Teenagers Health Literacy in SMA Negeri 8 Pekanbaru, 2023

Attitude	Teenagers Health Literacy						P <i>value</i>	POR (CI 95%)
	Low		High		Total			
	N	%	n	%	n	%		
Negative	31	53,4	27	46,6	58	100	0,025	2,231
Positive	35	34,0	68	66,0	103	100		(1,156-4,306)
Total	66	41,0	95	59,0	161	100		

b. Relationship Between Media Information Access and Teenager Health Literacy

Based on table 4, of the 88 respondents, 53 respondents (53.4%) with poor media information access had low health literacy, while 13 respondents (17.8%) with good media information access had low health literacy. The results of the statistical test using the chi-square test obtained a P value = 0.000, which means that the p value < α (0.05), meaning that there is a relationship between media information access and teenager health literacy. With a POR value of 6.989 (3.348-14.591), which means that teenagers with poor media information access are 6.9 times more likely to have low health literacy than teenagers with good media information access.

Table 4. Relationship Between Media Information Access and Teenager Health Literacy of SMA Negeri 8 Pekanbaru Teenageers, 2023

Media Information Access	Teenagers Health Literacy						P <i>value</i>	POR (CI 95%)
	Low		High		Total			
	n	%	n	%	n	%		
Poor	53	60,2	35	39,8	88	100	0,000	6,989
Good	13	17,8	60	82,2	73	100		(3,348-14,591)
Total	66	41,0	95	59,0	161	100		

c. Relationship Between Family Role and Teenager Health Literacy

Based on table 5, of the 22 respondents, 7 respondents (31.8%) with a non-participating family role had low health literacy, while 59 respondents (42.4%) with a participating family role had low health literacy. The results of the statistical test using the chi-square test obtained a P value = 0.479, which means that the p value > α (0.05), meaning that there is no relationship between family role and teenager health literacy. With a POR value of 0.633 (0.243-1.650), which means that teenagers with a non-participating family role are 0.6 times more likely to have low health literacy than teenagers with a participating family role.

Tabel 5. Relationship Between Family Role and Teenager Health Literacy in SMA Negeri 8 Pekanbaru, 2023

Family role	Teenagers Health Literacy						P <i>value</i>	POR (CI 95%)
	Low		High		Total			
	N	%	n	%	n	%		
Not Involved	7	31,8	15	68,2	22	100	0,479	0,633 (0,243- 1,650)
Involved	59	42,4	80	57,6	139	100		
Total	66	41,0	95	59,0	161	100		

d. Relationship between peer support and teenager health literacy

Based on table 6, of the 78 respondents, 29 respondents (37.2%) with no peer support had low health literacy, while 37 respondents (44.6%) with peer support had low health literacy. The results of the statistical test using the chi-square test obtained a P value = 0.427, which means that the p value > α (0.05), meaning that there is no relationship between peer support and teenager health literacy. With a POR value of 0.736 (0.391 - 1.383), which means that teenagers with no peer support are 0.7 times more likely to have low health literacy than teenagers with peer support.

Tabel 6. Relationship between peer support and teenager health literacy in SMA Negeri 8 Pekanbaru, 2023

Peer support	Teenagers Health Literacy						P <i>value</i>	POR (CI 95%)
	Low		High		Total			
	n	%	n	%	n	%		
Absent	29	37,2	49	62,8	78	100	0,427	0,736 (0,391- 1,383)
Present	37	44,6	46	55,4	83	100		
Total	66	41,0	95	59,0	161	100		

e. Relationship between teacher role and teenager health literacy

Based on table 7, of the 30 respondents, 19 respondents (63.3%) with non-participating teacher roles had low health literacy, while 47 respondents (35.9%) with participating teacher roles had low health literacy. The results of the statistical test using the chi-square test obtained a P value = 0.011, which means that the p value < α (0.05), meaning that there is a relationship between teacher role and teenager health literacy. With a POR value of 3.087 (1.354 - 7.037), which means that teenagers with non-participating teacher roles are 3.0 times more likely to have low health literacy than teenagers with participating teacher roles.

Tabel 7. Relationship between teacher role and teenager health literacy in SMA Negeri 8 Pekanbaru Tahun 2023

Teacher role	Teenagers Health Literacy						P <i>value</i>	POR (CI 95%)
	Low		High		Total			
	n	%	N	%	n	%		
Not Involved	19	63,3	11	36,7	30	100	0,011	3,087 (1,354- 7,037)
Involved	47	35,9	84	64,1	131	100		
Total	66	41,0	95	59,0	161	100		

DISCUSSION

1. Relationship between attitude and health literacy in teenagers at SMA Negeri 8 Pekanbaru in 2023

Attitude is an action or activity, which is included in the predisposition of an action. A person's attitude will affect their health behavior, a positive attitude will produce positive health behavior. While a negative attitude will produce negative health behavior.

A positive attitude is an attitude that is in accordance with the prevailing health values, while a negative attitude is an attitude that is not in accordance with the prevailing health values. The positive attitude referred to is the reaction/response of teenagers to literacy health such as teenagers who are happy or not in doing literacy health such as reading, writing, understanding and feeling agreed or disagreed in doing literacy health. While the negative attitude, teenagers have not taken a position related to doing literacy health.

An individual is closely related to their own attitude as a personal characteristic. Attitude is often defined as an activity that is done by an individual to give a response to something. Attitude is defined as a response or reaction that occurs from an individual towards an object, which then causes the individual to behave in a certain way towards the object.

Based on the results of the study, a positive attitude in teenagers in health literacy in teenagers tends to lead to health literacy in terms of reading, writing, understanding, and searching and applying it. This indicates that attitude is a supporting factor for teenagers in doing health literacy.

Based on the results of the research that has been done by the researcher, the researcher concludes that the attitude of teenagers in implementing health literacy is related to how to deal with a need in a literacy. So if a teenager needs some health information, then there will be a reaction with the necessary health literacy. Like health literacy that appears if the attitude that appears in teenagers needs information about health. Therefore, the more related positive attitude to health literacy, the more likely teenagers are to do health literacy.

2. Relationship between media information access and health literacy in teenagers at SMA Negeri 8 Pekanbaru in 2023

The role of media access is becoming an important thing today in shaping the knowledge of a teenager in understanding health problems. Incorrect information will greatly affect the knowledge that becomes incorrect as well. Information sources can be obtained freely

starting from peers, books, films, videos, social media, even easily opening websites through the internet.

According to Wulandari et al, information access is the use of communication media to obtain certain information. While according to Sutabri, information is data that has been re-stated and interpreted before with the intention of being used in the decision-making process. In order to get valid information, media is required as an intermediary, so that the information obtained is not changed and can be trusted.

The digital era is known as Web 2.0 or Health 2.0 or Medicine 2.0. Various popular social media websites in this era, have been proven to be effective and powerful in disseminating health information supporting health promotion efforts and can be traced online such as YouTube, Facebook, MySpace, Twitter, and Second Life. as well as image sharing, mobile technology and blogs.

Based on the results of the study, most media information access is related to health literacy in teenagers, where each student has a Smartphone to access health media information, the internet and the library as well as outdoor media. This shows that there are various types of media information that make it easier for them to access the health information they need in doing health literacy, thus making health literacy in teenagers tend to be high.

In the opinion of the researcher, the use of media information access among teenagers in the present time is increasingly widespread along with the development of the times, providing convenience, especially in accessing internet and social media media as a means of communicating and accessing various information such as health information. Information received by teenagers can influence their attitudes and behaviors such as doing health literacy. Therefore, the more related media information access, the more likely teenagers are to do health literacy.

3. Relationship between family role and health literacy in teenagers at SMA Negeri 8 Pekanbaru in 2023

Family is the first and foremost educator for their children. Family is the seed of the mind of the preparation of the maturity of the individual and the structure of personality. Children follow their parents and various habits and behaviors, thus the family is another element of education that is the most real, accurate and very large.¹⁵

The family's role is essential for adolescents in improving their academic outcomes or achievements because the family is a crucial factor in an individual's life. The support provided by the family to a student includes attention and support. Family support is given to instill motivation in students during their learning process. With family support, students can achieve high academic performance at school. For example, family support may include paying attention to the student's school, advising the student, providing school-related facilities, monitoring the learning process, observing their social environment, and more.

Based on the research results, there is no significant relationship between family roles and health literacy. This is because health literacy has a negative outcome, while family roles have a positive effect. According to the researcher's opinion, family roles play a role in encouraging and motivating adolescents to engage in health literacy. However, in this study, most adolescents do not practice health literacy. This is because many adolescents

are not interested in health literacy as they perceive that they do not have health issues, and therefore, they do not require health information. This lack of interest leads to a lack of engagement in health literacy activities and discussions about health. Today's adolescents are more inclined to engage with gadgets, games, and topics related to personal matters, relationships, friendships, and general knowledge rather than health-related discussions. Therefore, the family's role is not related to health literacy in adolescents.

4. The Relationship between Peer Influence and Health Literacy in Adolescents at SMA Negeri 8 Pekanbaru in 2023

Peer influence refers to a social group of individuals who share similarities in terms of age, hobbies, or other habits. According to Ivor Morrish, as quoted by Abu Ahmadi, a peer is someone of equal standing, and a peer group is a group composed of individuals who are equals. So, peer influence is a group of individuals who tend to have commonalities. According to Horrocks and Benimoff, as quoted by Elizabeth B. Hurloks (translated by Med Meitasari), peer influence is the real world of young people, preparing a stage for them to test themselves and others. Therefore, peer influence can be understood as a group seeking their own identity. In conclusion, peer influence or peer groups are social relationships based on common bonds, such as similarities in age, hobbies, social status, and interests. These similarities give rise to friendships and camaraderie. The peer group can have both positive and negative effects. Positive effects include providing motivation for learning, leading to improved academic performance. However, negative peer influence, characterized by excessive socializing, can lead to students neglecting their studies.

Based on the research results, most peer influence does not relate to health literacy in adolescents. This is because adolescents in peer groups rarely discuss, provide support, or engage in health-related conversations with their peers. Although peer influence tends not to support health literacy, the research shows that adolescents generally have high health literacy levels due to school activities that support various types of literacy, including health literacy, and easy access to health literacy information through media. According to the researcher, peer influence has the potential to support health literacy, as it can create a sense of comfort, feeling valued and cared for, and respected. The presence of peer influence can enhance motivation and confidence in individuals to engage in health literacy. However, in this study, peer influence was not maximized because most adolescents may not have the same level of health literacy, making it difficult for peer support to work effectively.

5. The Relationship between the Teacher's Role and Health Literacy in Adolescents at SMA Negeri 8 Pekanbaru in 2023

Teachers play a crucial role in providing information and health education to adolescents. After parents, teachers are the second individuals who spend a significant amount of time with adolescents and have the maximum opportunity to communicate and educate them on various important aspects of life. According to research, adolescents, especially as a group, look up to their teachers as role models. Therefore, teachers can be the best counselors for various physical and mental changes that occur during this period. Teachers

are professionals whose daily job involves educating, teaching, guiding, and evaluating students. They play various roles, including educators, mediators or sources of learning, facilitators, models, and examples.

The teacher's role includes serving as a role model for students, from habits to how they present themselves neatly, speak politely, and behave well. This leads students to want to emulate their teacher's behavior, resulting in positive influences and achievements. Inside the classroom, a teaching and learning process occurs between the teacher and the students. Learning and education are two different things. Learning is a change in the student's personality, such as attitudes, habits, skills, or understanding. Education, on the other hand, is the process of interaction between students, educators, and learning resources in a specific learning environment, which can be found in schools, tutorials, and more.

Based on the research results, most teachers have a significant relationship with health literacy in adolescents. This is because teachers play an essential role in providing various information and education, including health education, to adolescents. Moreover, at Senior High School 8 Pekanbaru, health literacy activities are conducted every Wednesday, supervised by teachers. According to the researcher, the role of teachers is crucial in motivating adolescents to engage in health literacy. The higher the teacher's role, the more likely adolescents are to have higher health literacy. Teachers can provide good examples and quality education in the field of education. Therefore, the greater the role of teachers, the better the likelihood of adolescents engaging in health literacy.

CONCLUSIONS AND SUGGESTIONS

This study found that three out of five variables were related to health literacy in adolescents: attitude, access to media information, and the teacher's role. The other two variables, family role and peer influence, were not related to health literacy in adolescents at Senior High School 8 Pekanbaru.

These findings suggest that teachers, schools, and the media can play an important role in promoting adolescent health literacy. Teachers can provide students with accurate health information and opportunities to practice healthy behaviors. Schools can create a supportive environment for health literacy by integrating health education into the curriculum and providing students with access to health resources. The media can promote health literacy by providing accurate and engaging health information to adolescents.

THANK-YOU NOTE

We would like to express our gratitude to all the students of Senior High School 8, the School Principal, and the teachers of Senior High School 8 Pekanbaru for facilitating this research. We appreciate the willingness of the students and school staff to participate in this study. Their participation was essential to the success of this research.

BIBLIOGRAPHY

- Aswat, H., & Nurmaya G, A. L. (2020). *Analisis Gerakan Literasi Pojok Baca Kelas Terhadap Eksistensi Dayabaca Anak Di Sekolah Dasar*. Jurnal Basicedu, 4(1), 70–78. <https://doi.org/10.31004/basicedu.v4i1.302>
1. Anshori, S.Pd., M.Si. Prof.Dr.H. Dadang S. D. HJ. Vismaia Sabariah Damaianti,M. P. (2021). *Literasi dan Pendidikan Literasi*. Simbiosis Rekatama Media.
 2. UNESCO Institute for Statistics. (2020). *International literacy statistics : a review of concepts, methodology and current data*.
 3. Rahmawati. (2020). Komunitas Baca Rumah Luwu Sebagai Inovasi Sosial Untuk Luwu House Reading Community as a Social Innovation to Increase Reading Interest in Luwu Regency. *DIKLUS: Jurnal Pendidikan Luar Sekolah*, 2(September), 2(September), 158–168.OECD. (2018). PISA for Development Assessment and Analytical Framework. In *OECD Publishing*.https://www.oecd-ilibrary.org/education/pisa-for-development-assessment-and-analytical-framework_9789264305274-en
 4. OECD. (2018). PISA for Development Assessment and Analytical Framework. In *OECD Publishing*.https://www.oecd-ilibrary.org/education/pisa-for-development-assessment-and-analytical-framework_9789264305274-en
 5. Ahmad Rifa'i Rif'an. (2019). *Generasi Emas*. Elex Media Komputindo.
 6. Latif, A., & Riana, M. (2020). Literasi Kesehatan Mahasiswa Tingkat Pertama Di Politeknik Negeri Media Kreatif Tahun 2019. *MEDIASI*, 1(2). <https://doi.org/10.46961/mediasi.v1i2.39>
 7. Toar, J. M. (2020). *Faktor Yang Mempengaruhi Literasi Kesehatan Pada Penderita Diabetes Melitus Tipe 2 Di Kota Manado*. Jurnal Keperawatan, 8(2), 1–8. <https://doi.org/10.35790/jkp.v8i2.32327>
 8. Emiral, G., Aygar, H., Isiktekin, B., Göktas, S., Dagtekin, G., Arslantas, D., & Unsal, A. (2018). *Health Literacy Scale-European Union-Q16: A Validity and Reliability Study in Turkey*. International Research Journal of Medical Sciences, 6(1), 1–7.
 9. Guo, S., Armstrong, R., Waters, E., Sathish, T., Alif, S. M., Browne, G. R., & Yu, X. (2018). Quality of health literacy instruments used in children and adolescents: A systematic review. In *BMJ Open* (Vol. 8, Issue 6). <https://doi.org/10.1136/bmjopen-2017-020080>
 10. Oktarina, D. (2020). Literasi Kesehatan Di Tengah Pandemi. *Journal of Chemical Information and Modeling*, 21(1).
 11. Arum Nisma Wulanjani, & Candradewi Wahyu Anggraeni. (2019). Meningkatkan Minat Membaca melalui Gerakan Literasi Membaca bagi Siswa Sekolah Dasar. *Proceeding of Biology Education*, 3(1).<https://doi.org/10.21009/pbe.3-1.4>
 12. Notoatmodjo, Prof.Dr.Soekidjo. S.K.M., M. C. H. (2020). *Promosi Kesehatan dan Perilaku Kesehatan Edisi Revisi 2014*. Rineka cipta.
 13. Azwar, S (2016). *Sikap Manusia Teori dan Pengukurannya*. Pustaka Pelajar.Yogyakarta.
 14. Warta, Wardiati, & Andria, D. (2022). Faktor-Faktor Yang Mempengaruhi Tingkat Literasi Kesehatan Reproduksi Remaja Pada Siswi SMA Negeri 5 Simeulue Barat Kabupaten Simeulue Tahun 2022. 1(April), 254–266. <https://www.pusdikra-publishing.com/index.php/jkes/article/view/964>

15. Syareif, rahmat. (2023). Analisis Pengaruh Qanun Syariah, Pendidikan, Pendapatan, dan Akses Media Informasi Terhadap Tingkat Literasi Keuangan Syariah Di Provinsi Aceh. *I3(1)*, 104–116.
 16. Leonita, E., & Jalinus, N. (2018). Peran Media Sosial Dalam Upaya Promosi Kesehatan: Tinjauan Literatur. *INVOTEK: Jurnal Inovasi Vokasional Dan Teknologi*, 18(2), 25–34. <https://doi.org/10.24036/invotek.v18i2.261>
 17. Rambe, N. M. (2019). Peran Keluarga Dalam Meningkatkan Prestasi Belajar Siswa. *Prosiding Seminar Nasional Fakultas Ilmu Sosial Universitas Negeri Medan*, 3, 930–934.
 18. Nasution, N. C. (2018). Dukungan Teman Sebaya Dalam Meningkatkan Motivasi Belajar. *Al-Hikmah*, 12(2), 159–174. <https://doi.org/10.24260/al-hikmah.v12i2.1135>
 19. Safitri, V., & Dafit, F. (2021). Peran Guru Dalam Pembelajaran Membaca Dan Menulis Melalui Gerakan Literasi Di Sekolah Dasar. *Jurnal Basicedu*, 5(3), 1356–1364. <https://jbasic.org/index.php/basicedu/article/view/938>
- .