

HEALTH LITERACY AND HEALTH BELIEF AS A DETERMINANTS OF HEALTH-SEEKING BEHAVIOR IN THE ELDERLY WITH DEMENTIA

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Article Info	Abstract
<p>DOI : https://doi.org/10.26751/ijp.v10i1.3422</p>	<p>The increasing elderly population is accompanied by a rising prevalence of dementia, which has not been matched by optimal health-seeking behavior. This gap is largely influenced by low health literacy and inaccurate health beliefs about the misconception that dementia is a normal part of aging. So, many cases remain undetected and untreated, increasing the burden on families and the healthcare system. This study aimed to analyze the relationship between health literacy and health beliefs and health-seeking behavior among older adults with dementia. This research employed a descriptive correlational design with a cross-sectional approach. The independent variables were health literacy and health belief, while the dependent variable was health-seeking behavior. The study was conducted in January 2025 at Dawe Community Health Center, Kudus Regency. A total of 106 elderly people were selected using purposive sampling based on criteria. Data were collected using the Health Literacy Questionnaire (HL-12), the Health Belief Model (HBM) questionnaire, and the Health Care Seeking Behavior Questionnaire (HCSBQ). Data analysis was performed using the chi-square test. The results showed a significant relationship between health literacy and health belief with health-seeking behavior ($p=0.01$; $p<0.05$). In conclusion, health literacy and health beliefs are significantly associated with health-seeking behavior among the elderly. Healthcare providers, particularly community nurses, are encouraged to develop structured and sustainable health education programs to improve dementia-related literacy and promote early detection and management.</p>
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I. INTRODUCTION

Indonesia is currently entering a phase of population aging (aging population), which is characterized by an increasing proportion of elderly people and has a direct impact on the increasing prevalence of chronic diseases and mental-cognitive health disorders, including dementia. (BPS 2024) , (World 2021) Dementia is a syndrome of progressive cognitive decline and affects memory, thinking ability, behavior, and daily activities of the elderly, thereby reducing independence and quality of life (Alzheimer's 2023) Globally, the number of people with dementia is estimated to reach more than 55

million and is projected to increase almost threefold by 2050, with the greatest burden being in low- and middle-income countries, including Indonesia (Alzheimer's 2023)

In Indonesia, the increasing number of elderly people has not been fully matched by the readiness of the healthcare system for early detection and treatment of dementia (World Health Organization 2021) . Many elderly people with dementia go undiagnosed or receive treatment late due to low awareness, stigma, and limited access to healthcare, ultimately widening the treatment gap (World Health Organization 2021) . This situation indicates that dementia is not merely a clinical issue but is also closely

related to the health-seeking behavior of the elderly and their families (Andersen 1995).

Health-seeking behavior is the result of a complex interaction between predisposing, enabling, and need factors, as described in the Andersen Model of Health Service Utilization Behavior (Andersen 1995). In older adults with dementia, health-seeking behavior is often low because early symptoms are considered a normal part of the aging process and therefore do not require medical intervention. This low health-seeking behavior results in delayed diagnosis, increased symptom severity, family care burden, and increased long-term health care costs (World Health Organization 2021).

One important factor influencing health-seeking behavior is health literacy. Health literacy is defined as an individual's ability to access, understand, evaluate, and use health information to make informed decisions about their health (Nutbeam 2008). Elderly individuals with dementia are at high risk of experiencing limited health literacy due to cognitive decline, low educational attainment, and limited access to elderly-friendly health information (Berkman et al. 2011). Low health literacy has been shown to be associated with low utilization of health services, medication adherence, and delays in seeking medical attention (Berkman et al. 2011).

In addition to health literacy, health beliefs also play a significant role in shaping health-seeking behavior. The Health Belief Model explains that an individual's decision to seek health care is influenced by perceived vulnerability, perceived disease severity, perceived benefits of treatment, and perceived barriers (Rosenstock, Strecher, and Becker 1988). In the context of dementia, misconceptions such as the assumption that dementia is a normal aging process or an intractable disease can reduce the motivation of older adults and their families to access formal health care (Werner 2020). Conversely, the perceived benefits of early detection and intervention can significantly increase health-seeking behavior (Rosenstock, Strecher, and Becker 1988).

Although various studies have shown a relationship between health literacy, health beliefs, and health-seeking behavior in the general population and older adults with chronic illnesses, research specifically examining the relationship between these variables in older adults with dementia is still limited, particularly in Indonesia. (Werner 2020) (World 2021). This limited scientific evidence has resulted in the suboptimal development of evidence-based community nursing interventions to improve health-seeking behavior in older adults with dementia (Prince et al., 2016).

Several studies related to health literacy and health beliefs with health-seeking behavior in elderly people with dementia have been conducted (Akakpo and Neurer 2024) explaining that the findings support the important role of health literacy in timely visits to hospitals by patients. Research (Figarnia, 2023) explains that the results show that mental health literacy has a positive effect on the intention to seek help ($p < 0.001$), although it has a small effect. Adult individuals who have good mental health literacy, including knowledge and beliefs regarding the recognition, management, and prevention of mental disorders, will have a high intention to seek help. Research (Sari 2023) explains that perceived susceptibility and severity have a positive relationship with family behavior in seeking treatment, meaning that the higher the perceived susceptibility and severity, the higher the family behavior in seeking treatment for people with mental disorders. Research (Risma Pertiwi et al. 2023) states that the factors that influence community behavior in seeking health services in the JKN program in Indonesia are divided into 3 main factors: predisposing factors, enabling factors, and need-based factors.

Based on this description, there is an urgency to conduct research on the relationship between health literacy and health beliefs and health-seeking behavior in elderly people with dementia. The novelty of this research is that it directly measures variables that have not been previously studied, namely the relationship between

health literacy and health beliefs and health-seeking behavior in the elderly group, through a correlative study using purposive sampling. Unlike Akakpo, which focused on general patients, this study specifically targets elderly people with dementia in Indonesia. (Sari 2023) (Figarnia 2023). The results of this study are expected to identify key factors that influence health-seeking behavior, thus becoming the basis for developing more effective promotive and preventive interventions. In addition, this study is relevant to the achievement of the Sustainable Development Goals, especially Goal 3 on healthy living and well-being, through efforts to increase access and utilization of health services for elderly groups with cognitive impairment. The purpose of this study is to analyze the relationship between health literacy and health beliefs as determinants of health-seeking behavior in the elderly with dementia.

II. METHODS

This study was designed using a descriptive correlation and cross-sectional approach. Health literacy and health beliefs were the independent variables, and health-seeking behavior was the dependent variable. This study was conducted in 2025 among the entire population vulnerable to dementia in the Dawe Community Health Center (UPT) working area of Kudus Regency.

The research sample was 106 people using the Lameshow formula. This study used a purposive sampling technique. The inclusion criteria for this study were elderly people aged over 60 years, able to read and write, able to communicate, and living in the Dawe Community Health Center area. Exclusion criteria were not having serious disease complications, not having disabilities, and having cognitive disorders. This study involved elderly people in the Dawe Community Health Center working area of Kudus Regency who were at risk of dementia. The research instrument consisted of a questionnaire on respondent characteristics consisting of age, gender, history of hypertension, and previous diabetes mellitus.

The research instrument consisted of a questionnaire on respondent characteristics consisting of age, gender, history of hypertension, and previous diabetes mellitus. The Health Literacy Questionnaire (HLQ) was used to measure health literacy, consisting of 5 domains: reading, access to health information, comprehension skills, evaluating, and making decisions. This questionnaire contains 33 statement items consisting of 4 statement items about reading, 6 statement items about accessing health information, 7 statement items about comprehension skills, 4 statement items about evaluating, and 12 statement items about making decisions. The assessment scale of this questionnaire is (1) cannot be done, (2) very difficult, (3) quite difficult, (4) quite easy, and (5) very easy. With good interpretation, 112-165 is sufficient; 56-111 is less; and 0-55 is the least. The validity value of the questionnaire is 0.60-0.76, and the reliability value of the questionnaire is 0.89 (Ahmadi, A. 2019).

The Health Belief Model Questionnaire (HBMQ) is used to measure health beliefs consisting of 6 domains, namely susceptibility, severity, threats, benefits, barriers, and self-efficacy. This questionnaire consists of 49 statement items consisting of 8 statement items about susceptibility, 5 statement items about severity, 5 statement items about threats, 11 statement items about benefits, 12 statement items about barriers, and 8 statement items about self-efficacy. The assessment scale is (1) strongly disagree, (2) disagree, (3) neutral/undecided, (4) agree, and (5) strongly agree. Interpretation of low health belief scores = 49–114; moderate health belief = 115–179; and high health belief = 180–245. The validity value of this questionnaire is 0.406–0.831, and its reliability value is 0.89 (Fithri, Athiyah, and Zairina 2021). The Health Care Seeking Behavior Questionnaire (HCSBQ) is used to determine health care seeking behavior, consisting of 10 statements with a Likert scale of strongly agree (4), agree (3), disagree (2), and strongly disagree (1) (Mohammaed, 2016). Interpretation of score: Good: 27-40, Sufficient: 14-26, Poor: 1-13

Univariate analysis described respondent characteristics, health literacy, health beliefs, and health care-seeking behavior, interpreting frequencies and percentages. Bivariate analysis found a relationship between health literacy and health beliefs and health-seeking behavior regarding dementia in the elderly using the chi-square test and frequency and percentage metrics.

Research ethics include the application of informed consent as a form of respect for autonomy, where respondents participate voluntarily without coercion. The principle of justice is applied through providing rewards to respondents fairly. The principle of beneficence is realized by providing information regarding the dominant factors that inhibit dementia health-seeking behavior. The principle of confidentiality is maintained by ensuring the confidentiality of data and the identity of the elderly. The ethics of this research is based on the approval number of the health research ethics committee of the Muhammadiyah University of Kudus: 187 / Z-7 / KEPK / UMKU / II / 2025, which states that this research is in accordance with the guidelines of the Council for International Organizations of Medical Sciences (CIOMS) in 2016 and the National Guidelines for Health Research Ethics (KNEPK) in 2017.

III. RESULTS AND DISCUSSION

A. RESULTS

Characteristics of the Elderly

Table 1 shows that the average age of the elderly is 67.06 years, with an SD of 5.44. Most of the elderly are male, 56 (52.8%). Most of the elderly have completed elementary school (39), and some are no longer working (66) (62.3%).

Table 1. Characteristics of the Elderly (n=106)

Characteristics	f	%	Mean	SD
Age	-	-	67.07	5.45
Gender				
Man	56	52.8	-	-
Woman	50	47.2	-	-
Education				
No school	22	20.8	-	-
Elementary School	39	36.8	-	-
Junior High	21	19.8	-	-

Characteristics	f	%	Mean	SD
School				
Senior School	24	22.6	-	-
Work				
Doesn't work	66	62.3	-	-
Work	40	37.7	-	-
Amount	106	100		

Health Literacy, Health Belief and Health-Seeking Behavior in the Elderly

Table 2 explains that elderly people who have enough health literacy, as many as 44 elderly people (41.5%), have health beliefs; as many as 54 elderly people (50.9%) have health beliefs; and as many as 66 elderly people (62.3%) have health beliefs.

Table 2. Health Literacy, Health Belief and Health-Seeking Behavior of the Elderly (n=106)

Variables	f	%
Health Literacy		
Good	24	22.6
Enough	44	41.5
Not enough	38	35.8
Health Belief		
Low	52	49.1
Tall	54	50.9
Health-Seeking Behavior		
Good	66	62.3
Not good	40	37.7
Total	106	100

The Relationship between Health Literacy, Health Belief and Health-Seeking Behavior in the Elderly

Table 3 explains that there is a significant statistical relationship between health literacy and health beliefs with health-seeking behavior in the elderly with a p-value = 0.01 ($p < 0.05$).

Table 3. Relationship between Health Literacy, Health Belief and Health-Seeking Behavior in the Elderly (n=106)

Variables	Health-Seeking Behavior		Total	p-value
	Good	Not good		
Health Literacy				
Good	24	0	24	0.001
Enough	24	20	44	
Not enough	18	20	38	
Health				

Belief				
Low	17	35	52	0.001
Tall	49	5	54	
Total			106	

B. DISCUSSION

Characteristics of the Elderly

The research results show that the average age of respondents was 67 years, which is considered elderly. This is in line with research conducted by Ramadhani (2023), which showed that the majority of respondents were in the late elderly category. This is because the older the respondents, the more experience and information they obtained from family or people who previously suffered from diabetes mellitus. Therefore, respondents' knowledge is considered good. As age increases, life experiences also increase, so knowledge and mindsets become more mature, and it becomes easier to accept behavioral changes, especially in the health sector.

The research results show that the majority of respondents were male (56 respondents, 52.8%), and 50 (47.2%) were female. Rahman's (2016) research found that the majority of respondents who engaged in poor health-seeking behavior were male. However, some female respondents also engaged in poor health-seeking behavior. This suggests that many other factors influence health-seeking behavior, not just gender differences.

The research results showed that the majority of respondents had an elementary school education (SD), 39 (36.8%). Education influences an individual's actions and lifestyle, which can affect health levels. Furthermore, education also develops an individual's ability to gather and understand health-related information. However, these results are inconsistent with research conducted by Fredelika (2020), which states that knowledge and education are strongly linked, and it is believed that those with higher education will also have a broader knowledge base. In addition to formal education, informal education is another way to acquire information and knowledge.

The study results showed that the majority of respondents, 66 elderly people (62.8%), were unemployed due to advanced age. This finding differs from research conducted by Rizqillah and Ma'rifah (2020), which found that employment positively impacted patient health-seeking behavior. Employment status can influence a person's economic well-being and ability to access healthcare services and access health information sources.

Health Literacy

Based on results, the study shows the average respondent's health literacy level is enough, namely 44 respondents (41.5%). However, a proportion of elderly people who have literacy at a low level are still Enough tall that is a total of 38 elderly people (35.8%). In line with research conducted by Vogt (2017), which states that lack of health literacy is often connected with health status, someone who is lacking good health, especially in older age groups; furthermore, besides that, it also has an impact on the low utilization of health preventive services, improvement visits to health facilities, poor health status, and high mortality rates.

Health literacy, according to Parker, the ability somebody to frame, get, process, and understand information as well as health data sources based on other runways they For taking decisions related to his health in a right way. The low ability to read and write about health somebody has impacts individuals. That alone, especially his abilities in increasing behavior, leads him to search for help with health in the form of accessing available health services. (Mardiana 2019).

Health Belief

Research results show a dangerous majority of elderly people's level of health belief towards something with high disease as many as 54 elderly people (50.9%). However, the proportion of elderly who have a health belief towards something disease is still low enough that it is a total of 52 elderly people (49.1%). In line with research conducted by (Asfy and Rida Yanna Primanita 2024) which obtained high results

in each component of the health belief model, namely perceived susceptibility by 30 respondents (93.8%), perceived seriousness by 24 respondents (75%), perceived benefits by 31 respondents (96.9%), perceived barriers by 32 respondents (100%), and cues to action by 25 respondents (78.1%).

The Health Belief Model, a model developed by Rosenstock in 1974, predicts health-related behaviors using four perceptual constructs: vulnerability to a health problem, severity of the problem, benefits of taking action, and barriers to taking action. These four constructs explain an individual's readiness to act. The HBM is widely used because it focuses on the importance of perception and has a better interpretation in understanding and predicting health behaviors, such as health-seeking behavior (Lestari 2025).

Health Seeking Behavior

Research result show that majority elderly people have a level of health seeking behavior Good that is A total of 66 elderly people (62.3%). In line with research conducted (Rusmayanti 2024) , the results showed that the majority were in good health, as many as 33 people (61.1%). Health-seeking behavior, or treatment-seeking behavior in Indonesian, is an individual's efforts or actions to improve their health. Each individual's approach to health management is unique. Some individuals choose to seek medical care when experiencing health problems, self-medicate, or even forgo treatment altogether. (Siregar, Deli, and Indriati 2022)

The Relationship Between Health Literacy and Health-Seeking Behavior

Research results show there is a significant relationship between health literacy and health-seeking behavior. In line with a study previously stated, respondents with a higher level of literacy and mental health are more possible for one's own behavior and look for a higher level of assistance than low-respondents with a lower level of literacy and health. Mental health. A higher level of health literacy indicates a

higher level of help-seeking behavior. This demonstrates a linear relationship between health literacy and help-seeking behavior. Statistical tests also demonstrate a relationship between health literacy and help-seeking behavior. (Handayani, Ayubi, and Anshari 2020)

Health literacy increases individuals' knowledge in determining appropriate coping mechanisms to address their problems. Seeking appropriate medical assistance is one of the crucial pieces of information individuals can find through health literacy. This aligns with previous research, which found that individuals with high levels of health literacy also exhibit high levels of help-seeking behavior (Handayani, Ayubi, and Anshari 2020).

The Relationship Between Health Belief and Health-Seeking Behavior

The study results showed a significant relationship between health beliefs and health-seeking behavior in older adults with dementia. This finding suggests that older adults' health beliefs play a role in determining their decision to seek healthcare. In older adults with dementia, perceptions of susceptibility to complications, disease severity, treatment benefits, and barriers to accessing healthcare can influence healthcare-seeking behavior. Cognitive decline in older adults with dementia often makes it difficult for individuals to recognize symptoms, make decisions, and seek help independently, making caregiver involvement a crucial factor in the healthcare-seeking process. (World 2021)

The results of this study align with research conducted by (Sari 2023) , which found that perceived benefits were positively associated with family treatment-seeking behavior for people with mental disorders. Perceptions of vulnerability and severity were also associated with increased treatment-seeking behavior. However, that study was conducted in a population of families with mental disorders, while this study focuses on older adults with dementia, who have different characteristics, particularly cognitive decline, memory

impairment, and dependence on caregivers for healthcare decision-making. In older adults with dementia, health-seeking behavior is influenced not only by individual perceptions but also by caregivers' ability to understand the dementia condition and access available healthcare services.

According to Notoatmodjo, help-seeking behavior is the behavior of individuals or groups seeking solutions to health problems through available health services. In the context of dementia, the higher the perception of vulnerability and severity of the impact of dementia, the more likely families and caregivers are to take the elderly for examination and treatment. Conversely, a low perception of the dangers of dementia can lead to delayed help-seeking because dementia symptoms are often perceived as a normal aging process. This condition causes many cases of dementia to go undiagnosed in the early stages, delaying treatment and increasing the risk of complications.

Furthermore, low levels of education and limited health literacy can also impact the ability of older adults to understand dementia-related health information. Low levels of education will impact a person's ability to receive, understand, and process health information, thus impacting their decision-making about seeking healthcare (Sari 2023). In the elderly population with dementia, limited access to information about early dementia symptoms, stigma surrounding cognitive impairment, and barriers to accessing geriatric healthcare services also contribute to low health-seeking behavior. (Alzheimer's 2023)

IV. CONCLUSION

The results of the study showed a significant relationship between health literacy and health beliefs and health-seeking behavior in the elderly. The higher the level of health literacy and the more positive the elderly's health beliefs regarding their illness, the better their health-seeking behavior. These findings emphasize the importance of improving health literacy and strengthening health beliefs as key strategies in community

nursing interventions to encourage appropriate and sustainable health-seeking behavior in the elderly.

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