



Factors related to the behavior of seeking health services in community experiencing symptoms of covid-19

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ABSTRAK

Latar belakang: *Coronavirus adalah suatu kelompok virus yang dapat menyebabkan penyakit pada hewan atau manusia. Kasus terkonfirmasi positif Covid-19 di Kabupaten Cirebon, Jawa Barat, selama 1-28 Agustus 2020 mencapai 193 orang sedangkan kasus kematian akibat Covid-19 di Kota Cirebon, Jawa Barat, kembali meningkat sebanyak 17 orang meninggal. Penyebab kematian Covid-19 antara lain pasien terlambat mendapat perawatan dikarenakan tingkat keterisian tempat perawatan dan pemantauan pasien Covid-19 yang menjalankan isolasi mandiri kurang maksimal. Selain itu juga disebabkan karena pasien isoman bergejala berat, overload pasien, kelangkaan obat dan oksigen, sistem kesehatan tidak siap, sub sistem kesehatan pemberdayaan masyarakat gagal. masih banyak masyarakat yang masih menganggap terpapar virus corona sebagai aib, sehingga tidak mau berobat ke fasilitas kesehatan. Orang yang sakit di banyak daerah, itu masih dilihat sebagai orang ternoda, terhukum, orang yang tidak baik. tidak mau di tes, tidak mau lapor, karena dia ada beban sosialnya.*

Tujuan: *Penelitian ini bertujuan untuk mengetahui faktor-faktor yang berhubungan dengan perilaku pencarian pelayanan kesehatan pada masyarakat jika mengalami gejala Covid-19 di Cirebon.*

Metode: *Penelitian ini menggunakan desain cross sectional. Penelitian ini dilakukan di di Klinik Arsy Medika Kabupaten Cirebon dan Klinik Akbid Muhammadiyah Kota Cirebon pada tanggal 18 – 25 September 2021 dan didapatkan sampel sebanyak 87 responden.*

Hasil: *Hasil penelitian menunjukkan sebagian besar umur responden 20 – 29 tahun, jenis kelamin responden perempuan, pendidikan responden SMA, pekerjaan responden tidak bekerja, sudah menikah, mendapat informasi dari televisi, terdapat hubungan antara umur dan pendidikan dengan perilaku pencarian pelayanan kesehatan, dan tidak terdapat hubungan antara jenis kelamin, pekerjaan, status menikah, media informasi, dan pengetahuan dengan perilaku pencarian pelayanan kesehatan.*

Hasil Kesimpulan: *Penelitian ini menunjukkan terdapat hubungan antara umur dan pendidikan dengan perilaku pencarian pelayanan kesehatan, dan tidak terdapat hubungan antara jenis kelamin, pekerjaan, status menikah, media informasi, dan pengetahuan dengan perilaku pencarian pelayanan kesehatan.*

KATA KUNCI: *perilaku pencarian pelayanan kesehatan; penyakit covid-19; masyarakat*

ABSTRACT

Background: *Coronavirus is a group of viruses that can cause disease in animals or humans. Positive confirmed cases of Covid-19 in Cirebon Regency, West Java, during 1-28 August 2020 reached 193 people while the number of deaths due to Covid-19 in Cirebon City, West Java, again increased by 17 people died. The causes of Covid-19 death include patients receiving late treatment due to the less than optimal level of occupancy in the treatment area and monitoring of COVID-19 patients who are self-isolating. In addition,*

it is also caused by isoman patients with severe symptoms, patient overload, scarcity of drugs and oxygen, the health system is not ready, the health sub-system of community empowerment has failed. there are still many people who still consider being exposed to the corona virus as a disgrace, so they don't want to go to health facilities. People who are sick in many areas, are still seen as tainted, condemned, unkind people. does not want to be tested, does not want to report, because he has a social burden.

Objectives: This study aims to determine the factors related to the behavior of seeking health services in the community if experiencing symptoms of Covid-19 in Cirebon.

Methods: This study used a cross sectional design. This research was conducted at Arsy Medika Clinic, Cirebon Regency and Akbid Muhammadiyah Clinic, Cirebon City on 18-25 September 2021 and obtained a sample of 87 respondents.

Results: The results showed that most of the respondents were 20-29 years old, the gender of the respondents was female, the respondent's education was high school, the respondent's occupation was not working, married, received information from television, there was a relationship between age and education with health service seeking behavior, and there was no relationship between age and education. there is a relationship between gender, occupation, marital status, information media, and knowledge with health service seeking behavior.

Conclusion: This study shows that there is a relationship between age and education with health service seeking behavior, and there is no relationship between gender, occupation, marital status, information media, and knowledge with health service seeking behavior.

KEYWORD: health service seeking behavior; covid-19 disease; society

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INTRODUCTION

Coronaviruses are a group of viruses that can cause disease in animals or humans. Several types of coronavirus are known to cause respiratory tract infections in humans ranging from coughs, colds to more serious ones such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). A new type of coronavirus found to cause the disease COVID-19. COVID-19 is an infectious disease caused by a newly discovered type of coronavirus. This is a new virus and previously unknown disease before the outbreak in Wuhan, China, in December 2019 (1).

Indonesia recorded the highest number of deaths due to Covid-19 in the world for three consecutive days on August 18-20 2021. The record was seen on August 19 when the death toll touched 1,492 cases. Whereas previously, on

August 18 there were around 1,128 cases and on Friday (20/8), daily deaths in Indonesia reached 1,348 cases. Based on Worldometer data, the total has now reached 123,981 cases of death due to Covid-19 (2).

Common signs and symptoms of COVID-19 infection include symptoms of acute respiratory distress such as fever, cough and shortness of breath. The average incubation period is 5-6 days with the longest incubation period being 14 days. In severe cases of COVID-19, it can cause pneumonia, acute respiratory syndrome, kidney failure, and even death. Clinical signs and symptoms reported in the majority of cases were fever, with some cases having difficulty breathing, and X-rays showing extensive pneumonia infiltrates in both lungs. On December 31, 2019, the WHO China Country Office reported a case

of pneumonia of unknown etiology in Wuhan City, Hubei Province, China. On January 7, 2020, China identified the pneumonia of unknown etiology as a new type of coronavirus (corona virus disease, COVID-19). On January 30, 2020 WHO has declared it a Public Health Emergency of International Concern (KKMMD/PHEIC). The increase in the number of COVID-19 cases is happening quite quickly and has spread between countries. As of March 3, 2020, globally, 90,870 confirmed cases have been reported in 72 countries with mortality (CFR 3.4%). Based on scientific evidence, COVID-19 can be transmitted from human to human through close contact and droplets, not through the air. People who are most at risk of contracting this disease are people who are in close contact with COVID-19 patients, including those who care for COVID-19 patients. Standard recommendations to prevent the spread of infection are through regular hand washing, practicing coughing and sneezing etiquette, avoiding direct contact with livestock and wild animals and avoiding close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing. Infection (PPI) while in health facilities, especially emergency units.

If a close contact shows symptoms of fever ($\geq 38^{\circ}\text{C}$) or cough/runny nose/throat pain in the last 14 days, home isolation and specimen collection on the 1st and 2nd days by competent and experienced local health workers are carried out either at the health facility or location. monitoring. If the laboratory results are positive, then a referral is made to a referral hospital for isolation in the hospital. Health workers carry out monitoring by telephone, but ideally by conducting regular (daily) visits. Monitoring is carried out in the form of checking body temperature and daily symptom screening. Monitoring is carried out by primary health care workers in coordination with the local health office. If monitoring of close contacts has been completed, a statement letter from the Health Office can be issued.

Covid-19 spread from Wuhan all over the world. Based on data obtained from WHO on September 3, 2021 from 224 countries, it was found that 218,946,836 confirmed cases and 4,539,723 people died while positive cases of the Corona virus or Covid-19 in Indonesia were first detected on Monday. Since that day, the number of positive cases of Corona has been increasing day by day. Covid-19 cases in Indonesia as of September 3, 2021 are as follows: 4,116,890 people who were positive for Covid-19, 3,813,643 people who recovered and 134,930 people who died (5).

According to West Java data, the government recorded 44,959 Covid-19 patients recovered and 1,475 Covid-19 patients died. Based on data released, active cases of Covid-19 in Indonesia are spread across 34 provinces. West Java Province became the province with the highest number of active cases with 82,802 cases, followed by Central Java with 42,751 cases and East Java with 42,454 cases. The following is the distribution of active Covid-19 cases in 34 provinces throughout Indonesia on August 9, 2021: West Java: 82,802 cases, Central Java: 42,751 cases, East Java: 42,454 cases, DI Yogyakarta: 33,512 cases, North Sumatra: 25,065 cases, East Kalimantan : 20,116 cases, Banten: 15,358 cases, West Sumatra: 14,428 cases, Riau: 13,448 cases 10. Bali: 12,937 cases (6).

Positive confirmed cases of Covid-19 in Cirebon Regency, West Java, during 1-28 August 2020 reached 193 people, this figure was the highest compared to the previous months. Of the 193 people who were confirmed positive for Covid-19, 106 people were isolated in hospitals and also independent, 78 recovered and 9 others died. Meanwhile, the number of deaths due to Covid-19 in Cirebon City, West Java, again increased by 17 people who died, although there were additional recoveries reaching 585.

The causes of Covid-19 death include patients receiving late treatment due to the less

than optimal level of occupancy in the treatment area and monitoring of COVID-19 patients who are self-isolating. In addition, it is also caused by severe symptoms of isoman patients, patient overload, scarcity of drugs and oxygen, the health system is not ready, community empowerment health sub system failed. there are still many people who still consider being exposed to the corona virus as a disgrace, so they don't want to go to health facilities. People who are sick in many areas, are still seen as tainted, condemned, unkind people. does not want to be tested, does not want to report, because he has a social burden. Being sick with COVID-19 is not a disgrace, in fact, if someone is sick, we have to help, don't be embarrassed later, they won't report it and end up being late for admission to the hospital.

Knowledge about prevention of COVID-19 disease is very important so as not to cause an increase in the number of cases of COVID-19 disease too quickly. Public knowledge about COVID-19 can be interpreted as the result of knowing about this disease, understanding this disease, and how to prevent it (9). Knowledge plays an important role in determining complete behavior because knowledge will form beliefs which then in perceiving reality, provide a basis for determining behavior towards certain objects so that it will affect a person's behavior. A new behavior is formed, especially in adults, starting with Knowledge about preventing COVID-19 such as washing hands with soap, using a mask when sick or when leaving the house, maintaining a minimum distance of 1 meter, and not touching the face area too often has an important role in anticipating the spread COVID-19. The public must know, learn and understand all aspects of the COVID-19 disease including signs and symptoms, causes and prevention (10).

Based on the description above, the researchers feel the need to conduct research on factors related to health service seeking behavior

in people experiencing Covid-19 symptoms in Cirebon, West Java.

MATERIALS AND METHODS

This research is a descriptive study with cross-sectional design to asses how is the community behaviors in seeking health service if they experiencing the symptompms of Covid-19 in Cirebon by giving questionnaire to the respondents.

The population in this study is people who are more than 20 years old in Cirebon. Inclusion criteria: over 20 years of age, willing to be a respondent, able to make decisions regarding self-medication if sick. Exclusion criteria: small children, not willing to be a respondent. The sample selection by accidental sampling was anyone the researchers met when conducting research at the Arsy Medika Clinic, Cirebon Regency and the Akbid Muhammadiyah Clinic, Cirebon City on September 18-25, 2021 and obtained a sample of 87 respondents. The analysis process carried out is univariate and bivariate.

RESULTS AND DISCUSSION

RESULTS

Based on **Table 1**, it can be seen that the characteristics of the respondents in this study were the majority of respondents aged 20-29 years as many as 49 respondents (56.3%), most of the female sex as many as 59 respondents (67.8%), most of high school education as many as 42 people. (48.3%), most of them do not work as many as 49 respondents (56.3%), most of the respondents are married as many as 57 respondents (65.5%), most of the information media use television as many as 58 respondents (66.7%), most of the respondents have good knowledge good as many as 62 respondents (71.3%) and most of the respondents took treatment to modern facilities provided by the government as many as 52 respondents (59.8%).

Table 1. Distribution of Respondent Characteristics

Respondent Characteristics	f	%
Age		
20 – 29	49	56.3
30 – 39	25	28.7
40 – 49	6	6.9
≥ 50	7	8.1
Gender		
Male	28	32.2
Female	59	67.8
Education		
Not finished SD	1	1.2
Primary School	6	6.9
Junior high school	11	12.6
High school	42	48.3
Sergeant	27	31.0
Work		
Civil Servant	3	3.4
Private employees	17	19.6
Self employed	14	16.1
Farmer	1	1.2
Laborer	3	3.4
Not working	49	56.3
Marital Status		
Unmarried	30	34.5
Married	57	65.5
Information Media		
Television	58	66.7
Internet	25	28.7
Friend	3	3.5
School	1	1.1
Knowledge		
Good enough	25	28.7
Good	62	71.3
Seeking Behavior		
Doing Nothing	3	3.4
Do self-medication	18	20.7
Buying drugs at drug stalls and the like including herbal medicine	2	2.3
Conducting treatment to modern facilities held by the Government	52	59.8
Performing treatment to a modern medicine facility organized by a Practicing Physician	10	11.5
Other	2	2.3

Bivariate Analysis

Based on **Table 2**, it shows that the variables related to the behavior of seeking health services are age and education, while the variables that are not related to the behavior of seeking health services are gender, occupation, marital status, media information and knowledge.

Tabel. 2 Uji Chi-square

Variabel Bebas	p-value	Keterangan
Age	0.003	There's a relationship
Gender	0.668	No relationship
Education	0.000	There's a relationship
Work	0.069	No relationship
Marital Status	0.351	No relationship
Information media	0.231	No relationship
Knowledge	0.417	No relationship

DISCUSSION

Age has a relationship with health service seeking behavior. According to Anderson (1974) in Notoatmodjo (2007) that the predisposing characteristics that exist in respondents such as gender and age of each individual have a tendency to use different health services. Someone in the adult age category does not make that person perform good health service seeking behavior, and vice versa someone in the young age category does not necessarily do bad behaviour (11).

The results of this study are in accordance with research conducted by Xanda (2015) where the results of statistical tests obtained p = 0.012 indicating a relationship between age and antenatal care visits at Candipuro Health Center, South Lampung Regency, an OR value of 3.5 indicates that mothers aged 20 – 35 years old are 3 times more likely to have a complete ANC visit than mothers aged < 20 years or > 35 years (12).

The results of this study are also in accordance with a study conducted by Israelski, et al (2001) in the USA showing that older age affects patient compliance to come to health services. According to Wolansky (1980) states that the demographic model mentions the same thing where age is one of the variables that influence the action for treatment (13).

This is different from the results of research conducted by Widayati (2012) that the variables of respondents' socio-demographic and economic characteristics (gender, age, marital status,

education, occupation, family income, ownership of health insurance, role in society, and distance from house to home). place of health service) and the variable for seeking treatment showed that there was one variable, namely marital status which was statistically significant with the act of seeking treatment, $X^2(2, n=555) = 6.5; p=0, 039$; Cramer's $V=0.108$ (12).

Gender has no relationship with health service seeking behavior. According to Notoatmodjo (2007). behavioral determinants are divided into two, namely internal and external factors. Internal factors are the characteristics of the person concerned, which are given or innate, including the level of intelligence, emotional level, gender and so on (14).

This is in accordance with research conducted by Rahman (2016) that gender has no relationship with seeking health services. In this study, it was found that most of the respondents who did bad health service seeking behavior were male respondents. However, there are also female respondents who engage in poor health service seeking behavior. This shows that to continue with behavior, there are many other factors that also influence, not only gender differences.

This is in accordance with research conducted by Afifah (2004) that the variables related to poor treatment seeking behavior are education ($OR = 1.6252$) and knowledge ($OR = 1.7607$), meaning that respondents will not seek treatment if they do not get enough treatment. information in the form of knowledge about AIDS and is not supported by adequate education, where education is one factor that is quite strong in influencing a person's level of knowledge. Respondents with lower education did not seek treatment more often than those with higher education. In other words, the lower the education, the less likely it is to seek treatment. A person's level of education is closely related to the level of intelligence. The lower the

education, it is assumed that it will be difficult to use logical thinking in understanding the information obtained. In the case of STD-HIV/AIDS, respondents with lower levels of education will be more negative in their behavior, especially in terms of seeking treatment (15).

According to previous research, it was found that the level of education is one of the factors that influence a person to take advantage of health services. The level of education can make it easier for a person to perform a health behavior. Someone who is highly educated will be easy to receive and absorb new information so that knowledge becomes better in making decisions about the use of health services (16).

The results of other studies also show that there is a relationship between the level of education and the utilization of health services with a value of $p=0.017 < \alpha(0.05)$. From the results of this study, it was found that the education of respondents who did not go to junior high school was included in the category of low education level as much as 71.6% and there were also respondents who were illiterate. Education can affect a person's intellectual power in deciding something, including the use of the puskesmas. Lack of education causes their intellectual power to be limited so that their behavior is still influenced by their surroundings, while someone with a higher level of education has a broader view of things and is younger to accept new ideas or ways of life (17).

Employment has no relationship with health service seeking behavior. Work is related to the occurrence of a person's illness, where the onset of illness can be through several ways, namely the presence of environmental factors that can directly cause pain, stressful work situations and the presence or absence of physical activity at work. This condition allows people who are already working to have a tendency to use health services more both medically and non-medically (18).

The results of this study are in accordance with research conducted by Xanda (2015) that there is a relationship between work and the utilization of health services with a value of $p = 0.004 < \alpha (0.05)$. Work is not an obstacle in utilization of health services or work is not a barrier to utilizing these health services. Another condition that can occur is that work is related to daily activities so that it is possible to be outside the home and allow wider interactions in the social environment so that new information and experiences can be obtained easily, including those related to health behavior. Statistical test results obtained $p = 0.021$ which indicates there is a relationship between work and antenatal care visits at Candipuro Health Center, South Lampung Regency, the OR value of 3.1 indicates that mothers who are not working are 3 times more likely to have complete ANC visits than working mothers (19).

Married status has no relationship with health service seeking behavior. This is in accordance with research conducted by Afifah (2004) that from the results of the different proportion test with chi-square, there is no significant relationship between unmarried and poor treatment seeking behavior ($p = 0.119$). Similar results in Rizon's (1993) study showed that marital status was not significantly related to sexual behavior ($p > 0.05$) in truck drivers. The results of this study are also different from the theory put forward by Wolansky (1980), where this approach relies on the assumption that someone who has a certain background (married or unmarried) will have their own views on treatment. The results of the analysis of the relationship between marital status and treatment seeking behavior in men with STD-HIV/AIDS found that unmarried respondents had an 83% chance of unfavorable treatment seeking behavior, while married respondents had a lower chance of poor treatment seeking behavior, namely by 79.1%. The results of the

different proportion test show the value of $p = 0.119$, meaning that at $\alpha = 5\%$ there is no difference the proportion of treatment seeking behavior between unmarried and married respondents. The value of OR = 1.290 (95%: 0.844-1.971), which means that respondents who are not married have 1,290 times the opportunity to seek treatment less well than respondents who are married (13).

Media information has no relationship with health service seeking behavior. Sources of information that can be reached by respondents are television, radio, newspapers and magazines. Information about HIV/AIDS is generally obtained by respondents from more than one source. Television ranks first (57.9%), followed by newspapers (49.8%), radio (36.7%), and magazines (27.9%). The results of the analysis of the relationship between information sources and treatment seeking behavior in men with STD-HIV/AIDS. Respondents who have never been in contact with sources of information have the opportunity to seek treatment less well by 277 (80.5%). Furthermore, from the results of the different proportion test with chi square, $\chi^2 = 0.003$ and $p = 0.5 (p > 0.05)$, it means that there is no difference in the proportion of treatment seeking behavior between respondents who have never been in contact with information sources compared to respondents who have been in contact. resources. The value of OR = 1.011 (95% CI: 0.679-1.504), meaning that respondents who have never been in contact with information sources have the opportunity to seek treatment less well 1.011 times than those who have been in contact with information sources (13).

Knowledge has no relationship with health service seeking behavior. Knowledge is the result of human sensing, or the result of knowing someone about something through the senses they have. By itself, the time from sensing to producing knowledge is strongly influenced by

the intensity of attention and perception of the object.

According to Green, knowledge is a factor that can facilitate the occurrence of a behavior. Knowledge is one of the factors in a person that can influence actions or behavior. However, not everyone uses the knowledge they have as the basis for their actions. Knowledge requires other factors, both from oneself and from outside to be realized in the form of actions or deeds (11).

The results of this study are in accordance with research conducted by Afifah (2004) that the variables related to poor treatment seeking behavior are education (OR = 1.6252) and knowledge (OR = 1.7607), meaning that respondents will not seek treatment if they are less obtain information in the form of knowledge about AIDS and are not supported by adequate education, where education is one factor that is quite strong in influencing a person's level of knowledge (13).

The results of this study are not in accordance with the research conducted by Junaidi on the Relationship between Knowledge and Public Attitudes with the Utilization of the Guguk Panjang Health Center by the Community in the Bukik Cangang Village, Kr Bukittinggi where the results of statistical tests using the chi-square test found that there was a significant relationship between the knowledge of the people of the Kelurahan. Bukik Cangang KR Bukittinggi with the utilization of the Guguk Panjang Public Health Center with p value = 0.000 ($p < 0.05$) and OR = 15.000.

According to Sukiswoyo in Rahman (2016), there is a significant relationship between the severity of illness and the practice of seeking treatment. This is because if the respondent feels the disease is still mild, then they will not seek treatment. Meanwhile, if the respondent feels that his illness is severe, he will seek treatment (7).

Public perception of illness is the concept of health-ill society. The concept of community

health, namely that healthy people are able to work or carry out their daily work. The concept of community pain, which is felt by someone who can no longer get out of bed, and cannot carry out his daily work. In a study, it was found that there was a relationship between the perception of pain and the utilization of services at the Poleang Barat Health Center and Lepo-Lepo Health Center with a p value of 0.000(21).

The results of this study are also in accordance with research conducted by Fatimah (2017) where the results of interviews during the research, there were 5 questions given to respondents, namely related to initial complaints they felt before being diagnosed, first time for treatment, other places of treatment, reasons for coming to the hospital. hospital and current complaints. The results showed that there were 5 initial complaints that were felt by the respondents, of the five complaints, most breast cancer patients felt a lump (52.70%), but breast cancer patients still did not feel anything, throbbled, and a small part said high blood pressure. and fever. There were 3 places where the first treatment was carried out by the respondent, of the three treatments, most were medical (64.86%), and a small part did not receive treatment (1.35%). Most of the other places for treatment were not available (78.37%), there were 3 reasons respondents came to the hospital, from when the reasons were mostly because (to treat, want to get well, surgery and chemo) (48.64%), there are also due to referrals from hospitals and are already severe. There are currently 3 complaints that are felt by respondents, from the three complaints, most breast cancer patients complain of pain (50%), some do not feel pain anymore, and are weak (22).

CONCLUSION AND RECOMMENDATION

Based on the table on the characteristics of the respondents, most of the respondents were

aged 20-29 years, the gender of the respondents was female, the education of the respondents was high school, the respondent's occupation was not working, married, receiving information from television, there is a relationship between age and education with health service seeking behavior, and not there is a relationship between gender, occupation, marital status, information media, and knowledge with health service seeking behavior.

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