How is the Health Literacy of Traditional Village Communities in Indonesia?

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Abstract

Health literacy involves understanding health information, making informed health decisions, and accessing healthcare resources successfully. This study explores health literacy in traditional villages, focusing on access, information sources, and health discussions. Data was collected through interviews with five informants from Pundungsari and Tawangrejo villages. Findings reveal that rural communities prefer obtaining health information from trusted sources like health workers and cadres, with some also using the internet. In-person and WhatsApp health discussions play a crucial role in spreading information and increasing awareness. Despite internet recognition, limited access exists, emphasizing the need for a critical review of online health information. These findings provide a comprehensive overview of health literacy in traditional rural communities, laying the foundation for more effective interventions.

Keywords: *health literacy, media, health protocols, socialization.*

Introduction

Health, as a fundamental dimension of life, plays a critical role in the well-being of each individual and society as a whole. Foot (2012) stressed that the level of health possessed by individuals and the society in which they live is strongly tied to the success of all aspects of human life, including economic, social, and psychological success. Health is more than just the absence of disease; it also refers to the continuity and balance of biological functioning, a healthy mind, and strong social interactions. Understanding and enhancing health is therefore critical to reaching optimal quality of life in every community. This study focuses on traditional village communities because they confront particular challenges in maintaining and improving their health. Geographical conditions, limited access to health care, and traditional lifestyle patterns and behaviors can all have a substantial impact on village community health.

Health literacy has become a vital component in increasing public understanding and awareness of the value of a healthy lifestyle and disease prevention efforts in the current era. Health literacy entails a thorough comprehension of health information, the ability to make sound personal health decisions, and the ability to successfully access health services (Ditiaharman et al., 2022). This involves the ability to filter, assess, and comprehend health information, as well as critically consider health solutions based on personal needs and values (Baker et al., 2019). Furthermore, health literacy encompasses skills in navigating the healthcare system and interacting with healthcare providers, laying the groundwork for excellent health management and active engagement in decisions that affect an individual's well-being.

Fleary et al. (2019), discovered a substantial association between public health literacy and individual healthcare costs. These findings suggest that when a population in

Indonesia lacks health literacy, it is more likely to incur higher health-care costs. In this environment, health literacy becomes an essential factor in health decisions and financial expenditures on individual health care. These findings emphasize the importance of enhancing health literacy at the community level as a proactive strategy to lessen the burden of healthcare expenses and promote societal health welfare. Health literacy practices are described in association with attempts to improve communities, preserve the health of individuals in groups and communities, and form community groups to avoid negative health impacts (Aljassim & Ostini, 2020).

The function of the media in transmitting health-related information is one aspect that promotes health literacy. Both print and electronic media have the power to shape people's perceptions of health and influence their behavior. In this modern era, the role of the media as a conveyor of information has become very significant, shaping people's thinking and behavior patterns. According to. Manuel Gripsrud (2017) media not only communicates information but also shapes social reality. In this context, the purpose of this study is to delve deeper into how media interactions impact health realities in Tawangrejo and Pundungsari villages, specifically the extent to which community perspectives are represented in reactions to health protocols.

According to Endah (2020), life in the village reflects traditional values passed down through generations, with residents predominantly leading agrarian lifestyles and maintaining harmony with nature. Despite a conservative inclination, the village takes pride in preserving ancestral traditions. However, it lags in adopting modern technology (Alfana et al., 2023), facing challenges like limited access to digital infrastructure and educational resources. The internet's global reach amplifies the importance of understanding media and people's perspectives on information, including health information at the village level (Irawan & Natasya, 2023). Technology brings forth both positive and negative effects on relationships, as individuals seek unrestricted communication and knowledge dissemination beyond societal boundaries (Budiargo, 2015; Fuady, 2002). Understanding health protocols is crucial in disease management. According to Yoanisaputri (2022), these protocols encompass a set of measures aimed at preserving public health across various settings. They include practices like regular handwashing, maintaining physical distance, wearing masks, and monitoring body temperature. With the evolution of technology and media, health information is not solely obtained from traditional sources like television; social media platforms such as WhatsApp groups also play a significant role. Lester (2020) highlights the transformative influence of information and communication technology on daily life, especially through the internet. Social media, as a key tool in cyberspace, facilitates virtual social interaction, with WhatsApp groups led by village officials emerging as vital channels for disseminating health information (Ortiz & Roser, 2023). This underscores the critical role of social media in expanding communication spaces beyond geographic and cultural boundaries.

Several earlier studies on health literacy in a village have been conducted. Pramitasari et al. (2023) study of a health literacy study based on hls-eu-sq10-idn in the Penadaran village community. The literacy level of the community in Penadaran village was discussed in this study. In addition, Ernawati and Mantasia (2023) highlighted public education about health literacy for the prevention of cervical cancer in in Takalar Regency. Dewanti et al. (2023) also researched the relationship between the level of health literacy and the implementation of a healthy lifestyle among farmers in the Tenggarang sub-district, Bondowoso Regency. Previous research simply looked at whether a person's health literacy was good or bad, and it didn't look at the relationship between public health literacy and a phenomenon. However, no one has gone into greater detail about village communities' health literacy, both in terms of receiving health information and discussing health in the course of their activities. As a result, this study will go into further detail about how village communities receive health information,

access to information, and health discussion activities as factors that influence the community's level of health literacy.

Literature Review

Health Literacy

According to Khairina et al. (2022), health literacy refers to the level of a person's ability to obtain, process, and understand basic information about health and services needed to make the right decisions. This health literacy state can be examined based on a person's health behavior, which reflects their knowledge and attitudes toward health issues. Low levels of health literacy can greatly impair a person's ability to make healthy lifestyle decisions (Fleary & Joseph, 2020). Low health literacy can be a severe impediment in the health-related decision-making process in this setting, resulting in a lack of proper understanding of health information and the knowledge required to adopt healthy living behaviors. The majority of Indonesians reside in rural areas, where they confront a variety of challenges, including restricted access to health information and internet networks. Limited access to health information is one of the critical aspects that affects the level of community health in villages (Pramitasari et al., 2023). In this context, village residents often do not receive adequate information about the importance of a healthy lifestyle, disease prevention, and available health services. According to Indahsari et al. (2017), community health behavior in villages often tends to be poor, including aspects such as smoking behavior and unclean living habits. Smoking behavior is a serious problem in villages, where economic factors and a lack of understanding about its negative impact on health are often the triggers. In addition, a lack of awareness of the importance of cleanliness and sanitation can result in the spread of diseases that can be prevented with a clean lifestyle.

Role of the Media

The term "media," derived from Latin, denotes a message intermediary or sender (Fadilah et al., 2023). In today's diverse landscape, media encompasses traditional forms like newspapers, radio, and television, alongside digital platforms such as websites, blogs, and social media. Serving as a communication intermediary, media plays a pivotal role in shaping attitudes, influencing behavior, and constructing social reality in our technologically advanced and globalized society. Computer technology, integral to information management, is pervasive across various domains (Huda, 2020). The continuous evolution of information technology is crucial, contributing significantly to the quality of information services. The advancement of information and computer technology holds paramount importance in fields such as science, education, business, office administration, communications, and government, significantly impacting everyday life and the development process (Fadilah et al., 2023). The internet serves as a powerful tool for information retrieval and Hermansyah et al. (2022) highlight its role in assisting people in finding the information they need. Social media, defined by Auxier and Anderson (2021) as a communication technology facilitating connections and information exchange, has transformed communication dynamics. Platforms like Facebook, WhatsApp, Twitter, Instagram, and TikTok are integral to daily life, fostering debates, joint activities, and network establishment (Irawan and Natasya, 2023). While enhancing global conversation, social media presents challenges such as the spread of misinformation, privacy concerns, and psychological impacts (Alcott et al., 2020).

Methods

This study falls under the area of qualitative research, which takes an interpretive approach. This research tries to understand and analyze social phenomena that result from

individual behavior, motivation, or attitudes in a specific environmental context in addition to natural issues (Creswell, 2013). Interviews, a face-to-face procedure with informants, were employed to acquire data. The purposive sampling method was used to select sources. In this study, a semi-structured interview technique was used, in which participants were requested to submit open-ended replies to previously prepared questions to acquire in-depth data (Jamshed, 2014). Researchers have methodically created a list of questions to ask sources about the information medium used to search for health information. The primary data for this study will come from five sources in two communities. Based on the study framework, interview data will be coded and evaluated, and raw data will be collected to assist in building a series of themes. This procedure contributed significantly to a clearer and more transparent comprehension of the research, assisting in the preparation of a list of interview questions. The image below shows the data analysis process in detail.
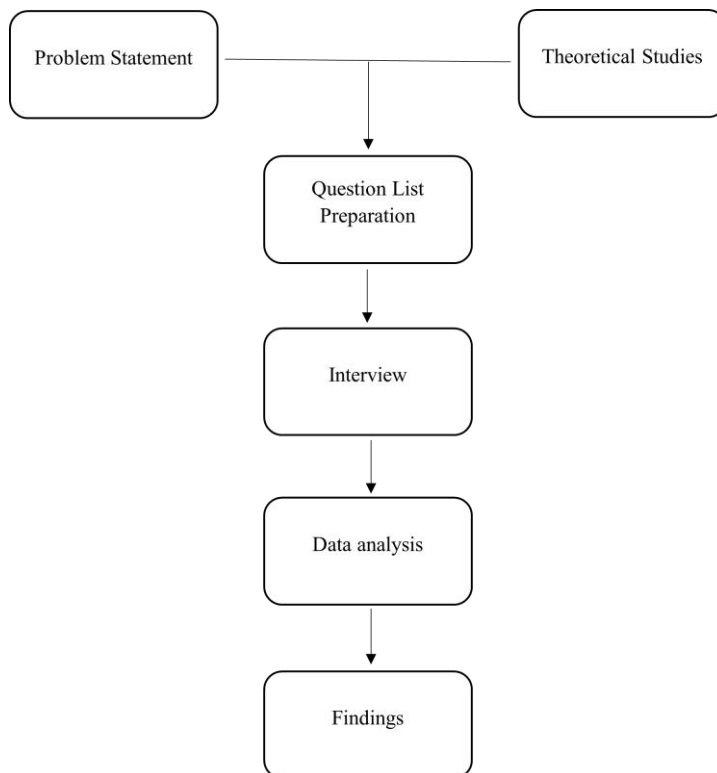

Figure 1. The Research Process

Adapted from Saputra (2019)

Interview

The data-gathering approach used in this research was face-to-face interview techniques with the purposive sampling method. A purposive sample was chosen with a specific goal in mind, namely to identify sources who were thought to have relevant understanding and experience with the use of health information media. Purposive sampling, also known as purposive sampling, is a sampling approach in research in which the researcher picks participants or sample items based on specific research objectives, according to Berndt (2020), The sample was carefully chosen based on certain qualities that were thought to be essential for research purposes. The sources were carefully chosen to ensure that they could provide in-depth insight into the issue under research. There were five resource persons from the two villages chosen, namely Pundungsari Village and Tawangrejo Village. The answers from the five sources are the core of the discussion in this research. Researchers have methodically created a list of interview questions that cover characteristics of information sources, information medium, information-seeking hurdles, as well as interviewee experiences and viewpoints on the research issue. Interviewees

were invited to provide open replies to preset questions using semi-structured interview approaches, allowing researchers to gather in-depth and contextual understanding. The interviews were held in a welcoming and supportive environment at a location chosen by the respondents, assuring their comfort in sharing their perspectives on social and traditional media contacts, as well as community perspectives on health procedures in village life. This is done to ensure that the resource person feels safe and comfortable. Interviews were conducted in February 2023 in traditional village communities in Pundungsar and Tawangrejo. During the interview, the researcher not only listened closely but also developed a trusting relationship with the interviewee. This method seeks in-depth accounts of media interactions and the application of health procedures, including problems, feelings, hopes, and public impressions.

In data collecting, an interdisciplinary approach was used, including community viewpoints, understanding the importance of social and traditional media, and how village populations interpret health protocols. Each tale is regarded as a critical component of a bigger narrative on the influence of media interactions and community perceptions of health protocols in village life in the analysis of the interview results. The data collected will be analyzed thoroughly, identifying patterns and themes that will form the basis for a deeper understanding of the health experiences of rural communities.

Table1. Interview Profile

Name	Code	Age	Gender	Address
Baren Suci W	R-01A	33 Years Old	Female	Pundungsari
Esti	R-01B	24 Years Old	Female	Pundungsari
Nurul Saci	R-01C	29 Years Old	Female	Pundungsari
Elya Musrohayu	R-01D	48 Years Old	Female	Tawangrejo
Hartiyem	R-01E	51 Years Old	Female	Tawangrejo

Data Analysis

Researchers carried out the process of analyzing and interpreting data based on initial codes derived from theory throughout the data analysis stage of this research, with a focus on the interaction between social and traditional media in the community's view of health regulations in village life. Braun and Clarke's (2006), technique, which focuses on understanding the primary ideas, beliefs, and concepts expressed by respondents, was employed for thematic analysis. This method is highly beneficial for researching existing qualitative data, discovering links between patterns of occurrences, and explaining the extent to which a phenomenon happens from the researcher's point of view (Fereday & Muir-Cochrane, 2006). To ensure data clarity, the data analysis method, depicted in the figure below, includes comparing codes with sample interview data. All transcribed material is then processed using NVivo as an analysis tool, taking into account the huge volume of data and the necessity for categorization to make analysis more efficient.

The data was critically evaluated and interpreted by researchers to grasp the key ideas, attitudes, and conceptions expressed by respondents regarding the interaction of social and traditional media in viewing health procedures in village life. With interpretations based on initial theory, this approach seeks to ensure the reliability and trustworthiness of the codes utilized. The findings of this study contribute to ensuring that the research conclusions are founded on a thorough comprehension of the viewpoints and opinions stated by village communities and that the research is not restricted to the data's surface meaning. This kind of analysis is critical in validating the validity of findings and interpretations in the context of the study on the interaction of social and traditional media in community perspectives of health protocols in village life.
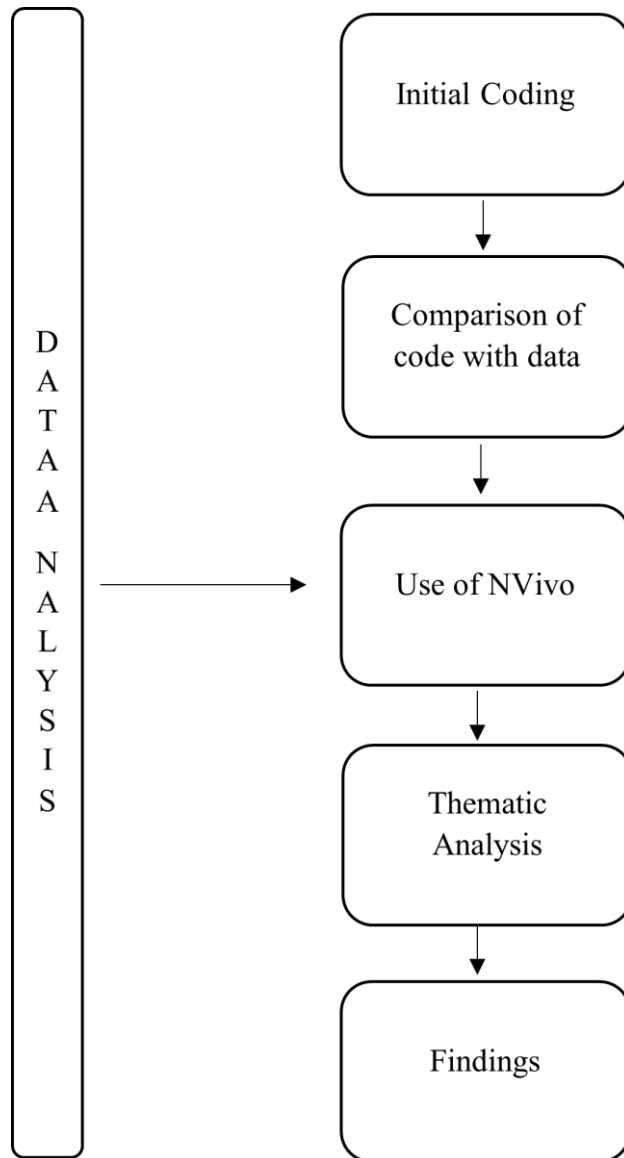
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Figure 2. Data analysis Process

Fingdings and Discussion

Researchers used a theoretical thematic analysis approach in this study to investigate and comprehend numerous findings that developed in the setting of social and traditional media contacts connected to community attitudes on health protocols in village life. This technique is founded on the previously described research framework, which serves as a foundation for identifying and analyzing specific themes connected to the function of social and conventional media in communicating information about health protocols. In-depth interviews with village community members were conducted, as well as a thorough literature analysis, to better understand the dynamics of interactions between social and traditional media in the health context. The traditional media in question is a mode of communication. This information is in the form of a health protocol, and health workers continue to visit villages regularly. The researcher recognized several findings that came from the interviews during the thematic analysis process, which were then organized into broader themes.

Table2. Discussion Theme

Theme	Interpretation
Information Referrence	Information from the internet
	Information from the medical staff
Media information	Internet Media
	TV Media
	WA Media
Information discussion	Usage of WA for discussion
	Direct health discussion
Information inhibition	Less number of medical staff
	Poor network signal
	Difficulty in using health application

In society, social interaction is critical for creating individual identities and initiating interpersonal relationships. In this perspective, social interaction is regarded as the primary pillar that defines a person's identity, as it allows individuals to comprehend the values, standards, and expectations that exist in their social environment through contact with others. Azzaakiyyah (2018) emphasized that this interaction process not only results in a strong personal identity but also plays a key role in fostering social cohesion among community members. It is important to note that in the modern digital era, social interactions are no longer limited to conventional face-to-face meetings. According to research by Kolhar et al. (2021), social interactions now increasingly involve social media as a significant communication channel. This reflects a shift in how society interacts, with platforms like Facebook, Instagram, and Twitter creating new areas for individuals to engage in the construction of their social identity. The usage of social media as a form of engagement has both positive and negative repercussions that must be addressed in the context of current social dynamics.

When social interactions take shape through social media, Hall (2018) highlights that everyone not only engages in active conversations but also participates in the formation of self-narratives through posts on their accounts. This moment becomes a kind of virtual stage where individuals can transmit aspects of their identity to an online audience. However, this dynamic also opens up space for potential misinterpretation and ambiguity, given that self-representation on social media tends to be selective and sometimes inaccurate. Therefore, social interactions through social media create new challenges and opportunities in navigating personal and relational identities in the digital era.
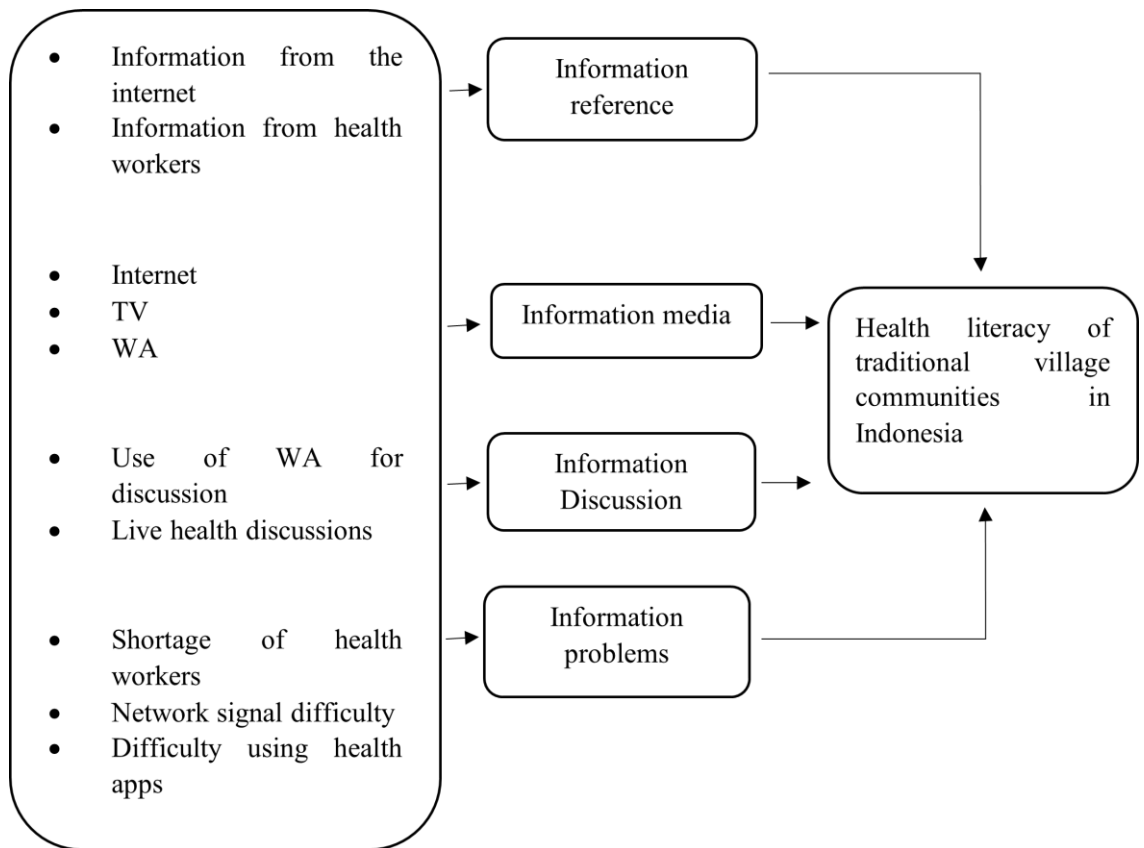
Figure3. Discussion Framework

According to the framework mentioned above, people's perspectives on health protocols in village life are heavily influenced by interactions both directly and through social media. Some people use direct outreach from health workers as references or information media, but many others also use the internet or social media as references and information media. However, other people rely solely on information provided by health personnel since they do not have telephones or access to the Internet. As a result, they encounter information hurdles.

Information Reference

(R-01A) "When looking for information, I used the Internet, my older brother, or a relative who happened to work as a health worker." Aside from that, I enquired with the midwife. The more people I use as a source of knowledge, the more information I obtain. Except for the internet, sis, where I occasionally go to see what news has come up, my reference source will provide clear, thorough, and dependable information. And the language used in the conversation is difficult to follow because it contains terms that I am unfamiliar with." The interviewee's response (R-01A) demonstrated that when looking for health information, the resource person first referred to the internet as the primary source. The internet is regarded as a tool that provides quick and widespread access to a variety of health-related information. When looking for information, the interviewee also said that her sister, who works as a health worker, and a midwife were direct references. The primary basis for deciding where to go for information is trust in sources with knowledge and experience in the health field. Except for the internet, which is sometimes regarded as less dependable and difficult to grasp, interviewees underlined the significance of obtaining clear, thorough, and reliable information from reference sources. Complaints about the internet include the possibility of unverified news appearing and discussions using technical terms that are difficult for the source to understand. Thus, the interviewees showed a preference for direct sources of information from health workers who were considered more reliable and understood individual needs and understanding of

health information.

Many of the references to the main information trusted further information that was delivered explicitly as directly conveyed by the following informant (R-01B) "The main point of reference is health cadres." Because it's close, I go to the cadre's apartment if I need something. True, the cadre lives in the city, but he also lives in the RT here. "Because health cadres are more trustworthy, I chose them as the first reference."Health cadres are those who give health-related information." In the interviewee's response (R-01B), it was also revealed that health cadres were the primary source of health-related information. The resource person said that this decision was made due to the health cadre's geographic proximity. Even though health cadres have residences in the city, their frequent presence in the resource neighborhood makes them the preferred first point of contact. Because health cadres are regarded as reputable sources of information, this alternative appears more realistic and generates extra trust. The interviewee stressed that the health information he acquired came directly from health cadres, showing that information correctness and reliability are important, and direct engagement with information sources is a more trustworthy step in this context. Thus, the resource person chose to get health information directly from health cadres who were active in their environment.

According to interviews with resource persons, the majority of them prefer to refer directly to individuals or parties with direct expertise and experience in the health sector, such as health workers, health cadres, or midwives, as the primary source of health information. Although the Internet is widely acknowledged as a source of information, interviewees expressed skepticism about the dependability and comprehension of information gained via online platforms. This pattern demonstrates a preference for trusting information sources that are seen as trustworthy and possess adequate health understanding. These findings are congruent with the findings of Zerfass et al. (2017) who found that, while interviewees seek information from a variety of sources, including the internet, face-to-face interaction is still considered the most effective means of expressing the overall meaning of health. This preference for direct engagement demonstrates that, while respondents are willing to seek information from diverse sources, they place a premium on personal and direct interactions with parties having more in-depth health knowledge.

The emphasis in this paradigm is on trusting credible sources of information and having a thorough understanding of health. This confirms that the majority of sources place faith in people with authority and knowledge who are seen as reliable in the sector, making direct interaction an indispensable means of conveying comprehensive health information. Finally, a thorough comprehension of health facts is critical for maintaining personal health. This is consistent with Prasastin and Muhlishoh's (2022) assertion about the relevance of health knowledge in maintaining an individual's health.

Information Media

Information media is crucial in obtaining information. (R-01A) "I use the Internet, social media, and news portals to find information." I use this when I need more information to avoid Covid during the pandemic." According to the answer above, (R-01A) searches for additional information primarily through the internet, social media, and news portals. Aside from that, some sources employ WA as an information medium. (R-01C) "I use a variety of media, beginning with WA, the internet, and other social media. However I utilize WA groups more frequently to receive information or communicate information with relatives and neighbors. I use TV as well, but I rarely watch it. My husband is the one who frequently watches television. So if my husband comes across hot news, he informs me." According to the interviewee's response (R-01C), the media plays an important part in everyday life, with numerous channels used to get information. The resource person actively employs media such as WhatsApp (WA), the Internet, and other

social media platforms. However, the interviewees' main focus was on the usage of WA groups as the primary source for collecting and exchanging information with relatives and neighbors. This suggests that the WA group serves as a crucial communication channel in the social network of the resource person, promoting the flow of information relevant to the surrounding environment. Despite the fact that the source uses TV as a source of information, her spouse becomes the primary source who delivers trending news due to limited time.

On the other hand, some sources rely on direct information as a medium. (R-01D) "I immediately contact the village midwife and, on occasion, the sub-district office if possible to meet in person" Actually, I prefer to meet in person to ask questions, but there are occasions when no one is available. So I'll probably search for an explanation on the internet or the party concerned via cellphone." The resource person in this response tends to seek health information directly from the village midwife or officials in the local sub-district. The favored alternative was direct involvement with local health workers, reflecting the interviewee's need for individualized and credible information. However, keep in mind that it is not always possible to meet directly with persons who can provide answers, possibly because schedules are not always in line. As a result, respondents contemplated seeking for information on the internet or calling someone on their cell phone. This choice demonstrates the respondents' adaption to technology and the availability of digital information sources as a substitute for face-to-face meetings when they are not possible. These responses indicate the complexity of the respondents' health information-seeking techniques, demonstrating the desire for accurate and reliable information via different communication channels.

According to the responses above, the internet, social media, and news portals are the most often used information media. (R-01A) expressly states that the usage of such media is intended to collect new information that can aid in disease prevention. Meanwhile, the interviewee (R-01C) emphasized WhatsApp groups as the primary medium for gathering and exchanging information with family and neighbors, indicating that social media, particularly WA, plays an important role in his social network. According to Faturtama & Abidin (2023), research suggests that social media is commonly regarded as an excellent tool for searching for information. This gives empirical confirmation for the interviewee's observations about the function of social media in information seeking. According to Liu et al. (2021), social media is a significant source of health information because of the high degree of updates and relevant news available on it. Thus, the consistency of information acquired from sources and research findings highlights the critical significance of social media as a useful instrument for raising public understanding, particularly in dealing with emergency health problems. This also entails increasing people's technological literacy and knowledge. Recognizing its importance underlines social media's capabilities as a communication platform that can bring deeper insight into important health issues. Participation of the community in social media platforms allows for the rapid sharing of information, allowing for the more widespread and even distribution of health knowledge.

According to this explanation, the media plays an important role in providing the public with access to information, including information about hospital examination methods. People can quickly get the information they seek through the media, including the flow of tests at a health facility. A specific example is when someone is apprehensive or hesitant to visit the hospital because they are unfamiliar with the sequence of examinations that will be performed. People are frequently faced with ambiguity and fear about the health screening process, which can be a substantial barrier to accessing health services. The public can better understand the steps of the examination, the procedures that will be followed, and what to expect from each step by accessing material on the internet. This not only reduces people's fear and uncertainty about health care, but it also gives them a greater sense of control over their decisions to seek care. Thus, easily accessible

information over the internet can instill trust, stimulate participation in prevention efforts, and, as a result, improve people's quality of life and overall well-being.

Information Discussion

After receiving information, people usually discuss it with neighbors or family. (R-01D) "Yes, I often discuss health, both with my family and even the community, because I am also a posyandu cadre. We motivate/support each other for health. We do it directly or via WAG. My neighbors are happy because they have the latest information. The response was positive when I conveyed it to them." In the answer (R-01D), active involvement in discussing health both within the family and community is clearly illustrated. The source explained that she often discussed health topics, not only with her family members but also as a posyandu cadre. Her involvement as a posyandu cadre indicates a significant social role in conveying health information to the community. The importance of this role is strengthened by the mutual support and motivation between community members, which is conveyed both directly and via the WhatsApp (WAG) platform.

The interviewee also stated that contact via WAG is a useful way of communicating health information to neighbors and the surrounding community. The good feedback from neighbors demonstrates that the information delivered is important and beneficial. The resource person provided an overview of the importance of posyandu cadres as community health information transmitters, as well as the effectiveness of using social media, particularly WAG, to increase community awareness and participation in efforts to maintain health. As a result, this interviewee's responses demonstrate close collaboration between the roles of people, families, and communities in raising health concerns and getting positive support from the community. However, there were also resource persons who rarely or even did not hold discussions. (R-01A) "Yes, I use social media to communicate with WAG friends, whether or not they have COVID." We keep telling one other to always take care of ourselves to avoid having COVID. Because activities were limited during the pandemic, I became bored because I was often at home. I miss my friends. We normally discuss in person, however, due to COVID, we can only discuss via WA. But what can I do? It's still preferable to getting Covid. So it is best to stay at home; simply exchanging news via WA is no problem." The answer explains that (R-01A) also shows that the resource person conducted the discussion via WA.

According to Watie (2016), social media debate or communication is not time-constrained because it may be done at any time. However, debates on social media frequently include missing information, making the discussion less in-depth. Meanwhile, direct discussions might be more in-depth and clear. In the framework of community information conversations, there are resource persons who demonstrate active involvement in health debates, both inside the family and among neighbors. This discussion process takes place not only in daily contact with family members but also in social roles as posyandu cadres, suggesting efforts to communicate health knowledge to the larger community level. The importance of this discussion is strengthened by the mutual support and motivation between community members, as well as the effectiveness of the WhatsApp platform (WAG) as a tool for conveying health information with positive responses from neighbors.

To avoid missing information, it is critical to disclose information at all costs (Savolainen, 2023). According to interviewee findings, active participation in discussions, both in person and via social media, can be a beneficial tactic. For example, Park (2021) claims that conversations on social media platforms such as Twitter can be useful, particularly in situations such as the COVID-19 epidemic, where face-to-face interactions are limited. As a result, through discussions, whether conventional with family and neighbors or through social media, people can develop channels for information exchange, reduce the risk of misinformation, and increase collective health awareness. Health information discussion not only benefits individual health literacy

levels, but it also has the potential to raise public health awareness. People can become more literate and aware of current health issues by engaging in dialogue and exchanging information about them. This discourse process has the potential to create an environment in which people may share their knowledge, experiences, and viewpoints on health issues, thereby broadening society's collective horizons. Sensitivity to health information in the community might also encourage the adoption of healthy behaviors and participation in disease preventive programs.

Information Barriers

Obstacles can occur at any time and anyhow. Someone is bound to encounter barriers to health information. In the interviewees' answers, there were differences in experiences and barriers to accessing health information in the village environment. (R-01E) "At most, I will ask the Health cadre, because I don't use the internet. My cellphone just broke, so I can't look up health information on the internet. In reality, if you think about it, utilizing the internet is simple, but what more is there? However, health cadres do not always socialize. This is because they have workplaces and must alternate between working in the office and socializing. Yes, that's how it is; perhaps there aren't enough staff, so socialization is limited." Interviewee R-01E stated that he had limited access to health information since he was unable to utilize the internet owing to a malfunctioning cellphone. Even if he recognizes the simplicity with which he can obtain information via the internet, the technological constraints he encounters are the primary impediment. Aside from that, the respondent noticed that health cadres, who function as agents of health outreach in communities, rarely carry out outreach activities. This could be due to a lack of staff or time committed to socialization activities in the office.

Other sources can connect to the Internet but are having difficulties doing so. (R-01A) "There are no barriers because everything is accessible via the internet." However, there are situations when accessing the internet causes problems. Understandably, the network signal in the village is poor." Interviewee R-01A had a more positive experience using the internet to get health information. Despite the fact that it is generally accessible, interviewees reported issues with the quality of the internet signal in the village, which is sometimes poor. This illustrates the technological difficulties that individuals in rural areas continue to confront when it comes to internet connectivity. (R-01C) "An impediment could be using health apps on cellphones." When I go to a hospital or whatever, I am usually told to use JKN. Well, I don't understand that because the instructions are not clear." Meanwhile, interviewee R-01C highlighted specific barriers related to using health applications on her cellphone. This difficulty arises because the instructions or directions provided are not clear, which may hinder the understanding and use of health applications, especially those related to health service programs such as National Health Insurance (JKN).

Overall, the responses of these interviewees demonstrate the difficulty of receiving and comprehending health information in the rural setting, with numerous barriers such as technology availability, internet signal quality, and challenges in using health applications. Barriers to receiving health information in the village environment appeared as a theme from the interviewees' responses, particularly resource person R-01E. The biggest reasons impeding access to digital health information are technological barriers such as malfunctioning telephones and incapacity to use the internet. Aside from that, the resource person saw a lack of socialization by health cadres, probably due to a shortage of staff or time allocation.

Even though numerous resource persons were able to connect to the internet, they encountered technical difficulties, such as a poor internet signal, as described by resource person R-01A. This demonstrates that equitable provision of internet connection, particularly in villages, is critical to ensuring that all levels of society may benefit equally from the potential of health information (Vitianingsih, 2023). However, it must be

realized that the internet gives tremendous prospects for society as a source of information, in line with advances and modernization that are rapidly influencing information-seeking behavior (Arum & Marfianti, 2021). As mentioned by interviewee R-01C, the usage of health applications on mobile phones, while offering access to information, might be a barrier when the instructions are unclear. As a result, efforts must be made to simplify instructions and provide a better understanding of how to utilize health applications so that people can make the best use of them (Prastiwi et al., 2022). In this overall context, it can be seen that equal distribution of the internet and increasing digital literacy are the keys to ensuring that all levels of society can access health information equally and effectively by understanding the barriers that society faces in accessing health information.

Conclusion and Implication

Traditional groups in Indonesia exhibit regular trends in their choice of health information sources in their daily lives. Even though the Internet is generally acknowledged as a source of information, the majority of interviewees prefer information gained directly from individuals or groups with direct knowledge and experience in the health sector, such as health workers, health cadres, or midwives. A noticeable component of this pattern is faith in sources of information that are regarded as trustworthy and have a strong understanding of health. As a result, face-to-face interaction is seen as an indispensable method of transmitting holistic health information. The internet, social media, and news portals, in particular, play an important role in providing public access to information. WhatsApp (WA) groups have also evolved as an important communication tool in social networks, promoting the transmission of environmental information. However, some sources preferred to obtain information directly from local health workers or midwives, demonstrating that health information search tactics vary.

These findings have significant consequences, particularly for traditional public health literacy efforts in Indonesia. The preference for direct information sources highlights the necessity of actively incorporating health workers, health cadres, and midwives in health education activities. Health literacy programs should make use of their position as community information agents. Furthermore, special consideration must be given to internet connection in rural areas. The key to ensuring that all people can benefit equally from health information is equal distribution of internet access and improved signal quality. In this scenario, digital literacy training can also assist people to improve their abilities to seek health information more effectively using technology. Finally, rules and instructions for using health applications must be improved. Clear instructions and comprehension can assist people in maximizing the benefits of health apps such as National Health Insurance (JKN). As a result, it is intended that these efforts will enhance public awareness and engagement in efforts to preserve holistic health.

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