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[ISSN: 0975 -8542 Journal of Global Pharma Technology Available Online at: www.jgpt.co.in](https://www.jgpt.co.in) RESEARCH ARTICLE Development of Covid-19 Disaster Risk Instruments for Children Hery Sumasto*, Subagyo, Bambang Hadi Sugito Health Polytechnic of the Ministry of Health Surabaya, Indonesia.

*Corresponding Author: Hery Sumasto Abstract Background: Children need to get protection during the Covid-19 pandemic, in accordance with Presidential Regulation 12/2020 on The Determination of Non-Natural Disasters. The purpose of the research is to develop non-natural disaster risk instruments for children. Research methods: This type of research is Research and Development. Instrument development is carried out in 5 (five) stages, namely: 1) evaluation of instruments; 2) development; 3) experiment; 4) socialization; 5) recommendations. FGD population of 40 respondents is target-1 as many as 20 people, target-2 as much as 20. Experts in this research are methodology experts and child disaster experts. Research Result: Phase I disaster risk, namely threat, vulnerability and capacity, obtained 7 standard components of disaster instruments for children: 1) economic status; 2) knowledge; 3) attitude; 4) infrastructure; 5) institutional organization; 6) threat level; 7) disaster risk reduction behavior. Validity and reliability tests show that of the 32 valid items, 25 items are all reliable because the Cronbach alpha value is above 0.7. Not valid for 7 items. Phase 2: instrument testing was conducted on 267 respondents. Test with Google form. The test results

of instruments for children potentially exposed to Covid-19 amounted to 69% who were not exposed to 31%. Of those 69%, strong exposure is 2%, high exposure is 15% and medium exposure is 83%. Conclusion: There are 32 question points on non-natural disaster risk instruments, developed from 7 disaster risk variables for children. The instrument has good functionality in terms of efficiency, functionality and usability. Output: 1) disaster risk instruments for children; 2) intellectual property rights; 3) international journal publications 4) monograph books. Keywords: Instruments, Non-Natural Disaster Risk, Children. Introduction Background Children's risk of [disaster is influenced by 3 factors, namely](#) potential hazards, [vulnerability](#) level [and capacity](#) [1]. The risk of disaster is determined by the size of the [potential disaster and](#) the [level of vulnerability](#) of [the](#) community. While the [factor](#) that mitigates [the](#) risk of disaster is the capacity that is the potential of the community [2]. The vulnerability of the child facing disaster is determined by the following elements: 1) the pattern of family care; 2) parental/family supervision; 3) supervision of teachers; 4) weakness / physical disability in the child; 5) psychological condition (mental disability); 6) children's motor activities 7) types of children's games, and 8) nutritional status of children [1]. Good mitigation can minimize the risk of disaster in children, so that priority mitigation interventions can be planned [3]. The instruments of disasters that exist today are instruments of natural disasters. In the face of the Covid-19 pandemic, there is no instrument of disaster risk for children in the face of non-natural disasters. Based on the background above, it is necessary to conduct research to develop non-natural disaster risk instruments for children. Thus, interventions can be carried out appropriately based on the priority scale of a child's vulnerability. So far there has been no similar research. Materials and Methods This type of research is research and development, to develop disaster risk instruments in children. The development of instruments in this research was carried out in 5 (five) stages, namely: Stage 1: Identification of instruments; Stage 2: 163 © [2009-2020, JGPT. All Rights Reserved](#) Hery Sumasto HASH(0x7fb46aaf6af0) | 163-169 Development Phase (consists of: attribute determination, priority determination, visualization, determination of new elements [4]; Stage 3: Instrument trial; Stage 4: instrument socialization; Stage 5: Recommendations. The final results of this study will then be followed up in a pyramid overview of children's vulnerability through usefulness and hardness [5] approaches. Population: Subjects of FGD participants as many as 40 respondents, namely target-1 as many as 20 people, target-2 as many as 20. Experts in this study are methodology experts and children disaster experts Results Time: This research was conducted from May 2020 to October 2020. The development of instruments in this research was carried out in 5 (five) stages, namely: Stage 1: Identification of instruments; Stage 2: Development stage (consists of: attribute determination, priority determination, visualization, determination of new elements [4]; Stage 3: Instrument Testing; Stage 4: instrument socialization; Stage 5: Recommendations. The results of this study will be described on: 1) the overview of the research; 2) Results and analysis of research in phase 1; 3) the results of research and analysis in phase 2; 4) research findings. Characteristics of FGD participants in group 1 showed that 45% were 25-40 years old, 75% male, 25% female; as many as 30% of participants have a bachelor's degree; longer working 3-10 years as much as 57.5%, as much as 40% as honorary personnel. This shows that respondents with productive age category, undergraduate education and work experience are long enough as child observers, so that they have the capacity to become FGD participants. Characteristics of FGD group 2 participants are seen in terms of age, gender, length of work, last education and employment status. Where the results showed 40% aged 25-40 years, 10% were male, 90% were female; as many as 70% of participants have a bachelor's degree; a working period of 3-10 years as

much as 70%, civil servants as much as 45%. This shows that respondents with productive age category, undergraduate education and work experience are long enough as child observers, so that they have the capacity to become FGD participants. Evaluation of Disaster Instruments in Children Disaster instruments for children in the approach of covid 19 non-natural disasters do not currently exist. From the results of the study obtained 7 standard components of disaster devices for children, among others: 1) economic status; 2) knowledge of disaster risk; 3) attitudes about disasters; 4) availability of facilities and infrastructure; 5) the existence of an organization or institution; 6) disaster risk level and 7) disaster risk reduction behavior [3]. Phase 1 of FGD activities is carried out with the aim of adding information to researchers about the condition of disaster instruments in children, namely non-natural disasters Covid 19. This FGD activity was divided into 2 groups held on August 4. Year 2020 in discussion class of Study Program D 3 Magetan Midwifery. Group 1 consists of 20 participants and group 2 consists of 20 participants. Expert opinion on prevention of Covid 19 are: 1) Of the 3 disaster risk variables, it is necessary to explain in the form of 7 concepts of disaster causes in children that cannot be used during the Covid 19 pandemic because they need to be updated; 2) In the approach of Covid 19 instruments, from 3 aspects of disaster risk can no longer be clearly distinguished, because these 3 aspects can intersect as the cause. From 3 aspects described in 7 concepts of pre-disaster instruments for children, namely for problem 1) economic status; 2) knowledge of disaster risk; 3) attitudes about disasters; 4) availability of facilities and infrastructure; 5) the existence of an organization or institution; 6) Disaster risk threat level and 7) disaster risk reduction behavior (PRB) refers to prevention approach, breaking the chain of COVID-19 transmission. Furthermore, each instrument item is tested for validity and reliability. Test validity using Pearson Product Moment by looking at Sig 2 tailed results. It is said to be valid if the value of the sig test result is less than 0.05 and is said to be valid if the sig level is more than 0.05. The instrument grain reliability test is performed by looking at alpha Cronbach. It is said to be reliable if the value ©2009-2020, [JGPT. All Rights Reserved](#) 164 Hery Sumasto HASH(0x7fb46aaf70d8) | 163-169 of Cronbach's alpha item is more than 0.7. Of the 32 instrument items, 25 items are valid because the sig value of 2 tailed is less than 0.05. All valid items are subject to confirmation of a CA test value above 0.8 to be reliable. A total of 7 instrument items are invalid and unreliable. Results and Analysis of Research Phase 2 Characteristics of Respondents Who Tested the Instrument This section describes the characteristics of 267 respondents based on socioeconomic conditions, age of the child, number of siblings, gender, and age of the mother. Respondents in this research trial were 267 mothers who had toddlers. From the table above it can be explained that as many as 27.7% are prosperous families with indicators of owning a private vehicle, husband and wife in a family who have a job and a fixed income, and never get direct cash assistance (BLT). From the government. Of the 267 respondents, 55% were women and 45% were men. Of the 267 toddlers have the most siblings 1 is 64%. While those who have more than 3 siblings as much as 2%. The average age of the parents is 31.7% with a maximum age of 54 years and a minimum of 17 years. The steps taken to determine the risk of disaster in children through the instruments developed are as follows: Classifying the variables into 3 strata of risk, namely: ? Potential Exposure ? Risks due to activities, knowledge and attitudes ? Availability of facilities, participation and behavior of PRB Table 1: Perform assessments based on child risk S. No Risk Category Variables and Instrument Items Results Obtained A. Potential Exposure F1 = Member of positive group F2 = Positive Neighbors F3 = positive parent friend Strong exposure [6] High exposure [1] Moderate Exposure [7] B. Risks due to activities, knowledge and attitudes

HASH(0x7fb46aaf6fa0), C5 High score 11-16 Moderate score 6-10 Low score 0-5 C. Availability of means, participation and DRR behavior. Item HASH(0x7fb46aaf74e0), G4, G5, G6 High score 10-13 Moderate score 5-9 Low score 0-4 ? Specify the favorites and dislikes of each instrument item. Of the 32 instrument question items, 14 were supported, while 18 were less liked. ? Specify the percentage of risk per question item. ? Provide meaning / justification for each item. ? Identify items of each risk strata. These further recommendations are made for weaknesses or things that have not been produced in this study. Some recommendations that can be submitted include: 1) Research needs to be done by applying information technology, so that the risk score in children can be seen directly on social media applications; 2) As suggested in expert discussions and consultations. The approach to instrument development with the DUP needs to be further researched. The results of research on the development of disaster risk instruments are as follows: 1) International journal publications reputable to: Journal of Global Pharma Technology; 2) Intellectual Property Rights (HAKI). HAKI has been obtained by Registration Letter Number EC00202045464, application dated November 1, 2020 author name: Hery Sumasto, Subagyo, Bambang Hadi Sugito Additional output is a monograph book with an ISBN Discussion Disaster risk is determined by hazard, vulnerability and capacity. Threats can be geographical conditions, rainfall and potential landslides. Vulnerability of disasters can be among others: psychological ©2009-2020, JGPT. All Rights Reserved 165 Hery Sumasto HASH(0x7fb46aaf7750) | 163- 169 aspects, physical condition of the child, and socioeconomic aspects of the family. Capacities include: parental education level, employment and family nutritional status. HASH(0x7fb46aaf7678) are part of a society classified as high risk or vulnerable. They need to prepare themselves well in order to have adequate capacity in dealing with natural disasters. The level of preparedness of the community to deal with HASH(0x7fb46aaf7fa0). People HASH(0x7fb46aaf77e0) [8]. Communication facilities play an important role in disaster mitigation. With the presence of means of communication is very possible to prevent the reduction of adverse impacts of natural disasters. The means of communication carried out by the family at this time to save the child are good enough and adequate. A total of 88% have used mobile phones as access to social media communication. Advances in communication and IT technology can provide information immediately in the event of a disaster. Children's activities can increase vulnerability to disasters and disasters. Hyperactive children are more adventurous, have a high curiosity, so potentially experience vulnerability and disaster [9]. Therefore supervision from parents is also important to note. The physical vulnerability of the child is affected by nutrition. Malnourished children have higher vulnerability compared to children with adequate nutrition. Children will find it HASH(0x7fb46aaf8480) of children under five to survive disasters is HASH(0x7fb46aaf8768) as well as the nutritional status of the family [11]. The age of the child also affects the child's ability to deal with disasters. With age, the maturity and coordination of the child's motor muscles will increase. So that the more mature the motor strength of the child will improve the children's ability in dealing with disasters. Parenting patterns also play an important role in determining children's capacity in dealing with disasters. Children who are highly spoiled and protected tend to have low survival abilities. Therefore, allowing children to have difficulty actually provides opportunities for children to survive disasters and disasters. Increasing age of toddlers HASH(0x7fb46aafadd0) toddlers [9]. Therefore, prevention and education of domestic safety is needed so that children avoid disasters and disasters. Development of non-natural disaster instruments for children. HASH(0x7fb46aafb070) in 3 ways, namely conducting literature studies, Focus Group Discussions (FGD) and consulting with experts. Instrument development is focused on handling

the COVID-19 pandemic in 2020. The COVID-19 pandemic occurred at the end of 2019, and was first announced in Indonesia by President Joko Widodo on March 2, 2019. With the announcement of the first person in Indonesia to contract Covid 19, there has been an extraordinary change in terms of disaster risk in children. The risk of disaster in question is the risk of non-natural disasters (Covid 19). Therefore, it is necessary to prepare Covid 19 disaster instruments for children. Based on the previous disaster instruments for children, there are 7 concepts that need to be described in variables and statement items in the non-natural disaster risk approach. Disaster management instruments for children cannot be used during the Covid 19 pandemic so they need to be developed. On variable knowledge about disaster risk it is necessary to add items that can decide to prevent the transmission of COVID 19. Disaster management instruments for children for knowledge problems about disaster risk found have not yet referred to the prevention approach, breaking the chain of COVID-19 transmission. Expert opinion on HASH(0x7fb46aaf8540) prevention of COVID-19 is: From the 3 variables of disaster risk, it is necessary to explain in the form of 7 concepts ©2009-2020, JGPT. All Rights Reserved 166 Hery Sumasto HASH(0x7fb46aafb538) | 163-169 of disaster causes in children that cannot be used during Covid 19. Pandemic because it needs to be updated. In the Covid 19 instrument approach, from 3 aspects of disaster risk there is no more clear distinction, because these 3 aspects can be a cross as a cause. Of the 3 aspects described in 7 concepts of pre-disaster instruments for children, namely for problem 1) economic status; 2) knowledge of disaster risk; 3) attitudes about disasters; 4) availability of facilities and infrastructure; 5) the existence of an organization or institution; 6) Disaster risk level and 7) disaster risk reduction behavior (PRB) refers to prevention approach, breaking the chain of COVID-19 transmission. The results of consultation with experts state that Covid 19 risk measurement instruments are different from other risk instruments. The difference is because there is potential that at any time can cause the child to contract. Therefore, the test of validity and reliability is not very important. Reliability tests are also performed on all instruments to obtain reliable instruments by conducting CA tests. The principle of arranging instruments according to Nursalam (2017) is validity and reliability. The principle of HASH(0x7fb46aafb400) [12]. Validity refers to the aspect of accuracy and accuracy of measurement results. There are five sources of proof of validity, namely content, response processes, internal structures, relationships with other variables, and their consequences. There are three types of validity, namely the validity of the content (validity of the content), the validity of the criteria (validity of the criteria), and the validity of the construct (the validity of the concept) [13]. The validity of the content is defined as the extent to which the instrument assessment element is relevant and represents the target construction for a particular objective assessment. The validity of content is validity estimated through conformity testing or relevance of test content through rational analysis by competent panels or through expert judgment. HASH(0x7fb46aafb3b8) observed many times in different times [14]. Dissemination of the results of the development of this important instrument is carried out in order to be immediately used to assess the risk of non-natural disasters in children. This is to support the rights of children as stipulated in Law No. 35/2014 on Child Protection. Also referring to Presidential Regulation 12/2020 concerning the Determination of Non-Natural Disasters the Spread of COVID-19 as a National Disaster, namely in Article 59: Governments, Local Governments, and other state institutions are obliged and responsible to provide Special Protection for Children (including) in emergency situations [15]. Based on the results of FGD, recommendations for HASH(0x7fb46aafbbe0) development of disaster risk instruments for children can be used to conduct disaster risk assessments on children. This recommendation is based on the results of

instrument testing related to non-natural disaster risk in children. All respondents were able to fill the instrument development well. Most respondents also argued that the development of such instruments is good and easy to fill out Google forms. So it meets the principles of functionality, efficiency and usability aspects. Conclusion ? There are 7 variables that are currently used for disaster risk instruments in children, namely socioeconomic, activities, knowledge, attitudes, infrastructure, and institutional existence of the organization; threat level and behavior. ? The evaluation results of instruments are known to only be used to measure the risk of natural disasters, while in non-natural disasters Covid 19 still needs to be developed. ? Instruments developed consist of 32 items derived from 6 variables developed, namely: 1) activity; 2) knowledge; 3) attitude; 4) infrastructure; 5) the existence of institutional organizations; 6) threat level and 7) behavior. While socioeconomic variables are part of the characteristics of respondents / children. ? Validity and reliability test results show that out of 32 question items there are 7 ©2009-2020, JGPT. All Rights Reserved 167 Hery Sumasto HASH(0x7fb46aafc478) |163-169 invalid items because Sig 2 tailed above 0.05. While 25 items were declared valid because the value of sig 2 tailed <0.05. All valid items are tested for reliability by looking at Conbach alpha the result is all he is at 0.07 meaning reliable. ? HASH(0x7fb46aafc700) terms of functionality, efficiency and usefulness [16- 31]. References 1. Hery Sumasto, N Surtinah NTW. HASH(0x7fb46aafc958). Res Artic URL this Artic <http://heanoti.com/index.php/hn/article>. 2018; 3: 3. 2. Chandra RK, Supriharjo RD. Mitigasi bencana banjir rob di jakarta utara. J Tek Pomits. 2013; 2(1):25-30. 3. Hery Sumasto, Nurwening Tyas Wisnu NS. HASH(0x7fb46aafbad8). Humanist Netw Sci Technol. [Internet]. 2018; 2: 2. Available from: <http://heanoti.com/index.php/hnhttp://heanoti.com/index.php/hn/article/view/hn20225> 4. Kana Hayati EL. Pengembangan instrumen kemandirian belajar mahasiswa. J Penelit dan Eval Pendidik. 2010; 14(1):84-99. 5. Heru Santoso Wahito Nugroho. HASH(0x7fb46aafc8c8) in Health. 2017; 6. Nahdatul Ulama LPBI. Penyusunan peta kerentanan terhadap bencana. Yogyakarta: Humanitarian Open Street Map Team. 2017. 7. Dinie Ratri Destiningrum. Psikologi anak berkebutuhan khusus. Pertama. Yogyakarta: psikosain. 2016. 8. Kurnia Fitriingsih. Hubungan tingkat pendidikan formal dengan kesiapsiagaan dalam menghadapi bencana gempa bumi masyarakat desa jabung kecamatan gantwarno kab klaten. In: Fitriningtiyas K, editor. Fakultas Keguruan dan Ilmu Pendidikan Universitas Muhammadiyah Surakarta [Internet]. Surakarta; 2014; xvii. Available from: http://eprints.ums.ac.id/30020/1/03_DEPA N.pdf 9. Article mother and baby. Cegah tujuh bencana yang sering terjadi pada anak. In: Indonesia Mother & Baby [Internet]. 2017. Available from: <http://www.motherandbaby.co.id/article/2017/3/12/7690/Cegah-7-Kecelakaan-yang-Sering-Dialami-Anak> 10. Muhammad Zulfikar Syuaib. Pengaruh strategi pembelajaran simulasi Vs bermain peran dan sikap siswa terhadap pengetahuan dan kesiapsiagaan tentang bencana alam. Teknol Pembelajaran UN Malang. 2013; 1(2):177-89. 11. Pramono Suharmati MSS. Upaya Peningkatan Kesehatan Ibu Dan Anak Melalui Pengorganisasian Sistem Siaga Berbasis Masyarakat Di Kabupaten Timor Tengah Utara (Studi Di Desa Noeltoko Dan Noepesu, Kecamatan Miomaffo Barat). Bul Penelit Sist Kesehat [Internet]. 2013; 16: 1. Available from: <http://ejournal.litbang.depkes.go.id/index.php/hsr/article/view/3144> 12. Efendi F, Chen C-M, Nursalam N, Andriyani NWF, Kurniati A, Nancarrow SA. How to attract health students to remote areas in Indonesia: a discrete choice experiment. Int J Health Plann Manage [Internet]. 2016; 31(4):430-45. Available from: <https://www.scopus.com/inward/record.uri?eid=2-s2.0-84930079106&doi=10.1002/hpm.2289&partnerID=40&md5=f768e9970b4eb42ff3b65ba4ce860581> 13. Nursalam N, Octavia M, Tristiana RD, Efendi F. Association between insomnia and

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