Health Literacy Level Regarding Covid-19 Vaccination for Health and Non-HealthStudents At UIN Alauddin Makassar 2022

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ABSTRACT

Background: Covid-19 vaccination is carried out to accelerate the handling of Covid-19. Individuals must have good health literacy in seeking information and making vaccination decisions, not only medical officers but all communities and students. It is necessary to evaluate the level of health literacy of the Health and Non-Health students. **Methods:** This research is a quantitative comparative study, with a cross-sectional design. There were 500 participants, with 299 Health students and 210 Non-Health students. Data were collected through questionnaires using the HLQ questionnaire (Health Literacy Questioner). Data were analyzed with the Kruskal-Wallis test. **Results:** Based on statistical analysis, the level of health literacy of UIN Alauddin Makassar students is in a good category with a *mean* score of 3-4. There is a difference in health literacy understanding between Health and Non-Health students (p-value 0.001). Domains is needed to be improved in terms of finding appropriate health services and communication with health workers. **Conclusion:** There is a difference in health literacy understanding between Health and Non-Health students of UIN Alauddin Makassar and it is necessary to carry out strategies to improve health literacy.

KEYWORDS : Health Literacy; Vaccination; Covid-19; Student

INTRODUCTION

Nowadays, whole world is dealing with the COVID-19 pandemic, which was first discovered in Wuhan China. In general, the symptoms of being infected with COVID-19 are cough, runny nose, sore throat, and if not given proper treatment, it will cause lung infection and cause death (Susilo et al., 2020). COVID-19 has become a hot topic around the world, including Indonesia. Several efforts have been made to implement the acceleration of handling COVID-19 such as vaccination which is an important means to build immunity and prevent the spread of thecovid-19 virus. However, the successful of vaccination implementation depends on the information and public confidence about vaccination. Therefore, health literacy is needed by individuals in order to access

information or knowledge related to covid-19 vaccination. Many factors can cause health literacy, but the ability of health literacy in general is the most important determinant of good health in accessing correct informationabout covid-19 vaccination. (Westra, 2014).

In the United States, millions believe that low health literacy makes a person unable to make decisions related to the informations in clinical settings. Low health literacy can impact a person's health and ability to utilize care facilities and make decisions about their health problems including vaccination (Gupta et al., 2017). In an effort to improve and maintain health, it is important for each individual to knowhealth literacy, so various studies on health literacy have been conducted previously research (Nurjanah & Yustin, 2014) which assessed health literacy in first semester students of the Health Faculty of Dian Nuswantoro University Semarang obtained the results of respondents with a low level of health literacy as many as 31.9%. Meanwhile, respondents who have good health literacy tend to be more active in using health servicessuch as doctors and tend to be more active in asking questions during consultations withdoctors.

In a study conducted by the Medical Secretariat of training in Turkey, a study group consisting of Health Vocational students and Health workers, the results showed that current study participants had lower health literacy than those who worked as health workers (Tekin, 2018). Based on research by Sriyanah, Kadar, & Erika, (2019), it was found that nurses at Pelamonia Makassar Hospital had never heard of health literacy before, as many as 97.14%. The majority of respondents were also constrained by the lack of patientcooperation to assess health literacy. There are still many obstacles that nurses have andthe lack of knowledge and attitudes of nurses regarding health literacy.

Every individual must have good health literacy in seeking information and making decisions not only from medical personnel or health workers, but all communities and students, who need to understand health literacy in order to prepare themselves to become professionals and be able to educate people who have low knowledge and difficulty accessing information. For this reason, it is necessary to evaluate the level of understanding of students with health disciplines and non-health students related to health literacy, seeing that in Indonesia there are still very few studies related to health literacy and previous studies have not focused on the knowledge and level of health literacy of health students and non-health students at UIN Alauddin Makassar. Therefore, researchers will conduct research on the level of health literacy of health and non-health students at UIN Alauddin Makassar.

MATERIALS AND METHODS

This research is a quantitative research comparative study method with a cross-sectional approach. In this study, it will determine how the level of health literacy of health and non-health students regarding Covid-19 vaccination at UIN Alauddin Makassar. The research was conducted in the period March-June 2022 at the Alauddin State Islamic University of Makassar. The population in this study were Health and Non-Health students of UIN Alauddin Makassar with the criteria for respondents who met the inclusion criteria, namely active students, Health and Non-Health students who were willing to become respondents. The sampling technique is based on clustering (Creswell, 2009) where the researcher already has access to respondents who will be selected in the population and samples individuals directly.

The instrument used in this study was the Health Literacy Questionnaire (HLQ) where this questionnaire is a multidimensional instrument consisting of nine independent scales that have been translated into Indonesian (Osborne, 2014). The measurement scale on this questionnaire uses a Likert scale. This questionnaire consists of two parts, namely demographic information (7 items) and 9 domains (scales) with a total of 44 question items. The 9 domains are divided into two, namely in domains 1-5 using a 4-point Likert scale with a range of answer choices strongly disagree = "1", disagree = "2", agree = "3", strongly agree = "4". As for domains 6-9 using a 5-point Likert scale with a range of answer choices cannot do = "1", very difficult = "2", quite difficult = "3", quite easy = "4", very easy = "5" (Mullan et al., 2017).

The questionnaire used in this study has passed the validity test where all questions are declared valid with a p value> 0.30 with the Pearson product-moment test. The reliability test was carried out with a Cronbach alfa value of 0.956. Univariate analysis was used to explain or describe each variable, namely describingthe level of health literacy of Health and Non-Health students then comparing the level ofhealth literacy of the two groups of respondents and frequency distribution and discussion of the description of the observed variables. Bivariate analysis was used to look for correlation or influence between 2 or more variables studied. Analysis for unpaired numerical comparative 2 groups with non-normal data distribution or unequal variances The test used is the Mann-Whitney Test (Sopiyuddin, 2014).

This study has obtained ethical permission from the Ethics Committee of the Faculty of Medicine and Health Sciences, Alauddin State Islamic University of Makassar.

Researchers have obtained a certificate of ethical feasibility with letter number: C.072/KEPK/FKIK/VIII/2022.

RESULTS

This section presents the results of the study both univariate and bivariate. Data collectionwas carried out from March to June 2022 within the scope of the UIN Alaudin Makassar campus. The data are presented as follows. Table 1 shows that the majority of respondents were male, as many as 2429 people (84.3%) in a homogeneous age group between 17-23 years. Respondents in this study came from the same level of education and institution, but from different semesters. The majority of respondents in this study were 5-8 semester students, namely 271 people (52.5.3%).

Table 1: Characteristics of Respondents based on age, gender, and semester of UIN Alauddin Makassar students

Variables	Category	n (%)	Mean (SD)/Median(minimum-maximum)
Age			20(17-23)
Gender	Male	80(15.3)	
	Female	429(84.2)	
Semester	< 5	238(46.3)	
	5	271 (53.5)	
Group	Medical students	299 (58.7)	
	Non-medical students	210 (41.3)	

Based on Table 2, the average health literacy score based on each domain is known. Whenviewed in general, based on the domain, it can be concluded that the average score of respondents is between 3-4. The domain with the maximum average is in domain 3, namely actively managing health, while the domain with the lowest score is in domain 7, namely exploring the health system. Meanwhile, in terms of searching and deciding based on the health information obtained, the average score of respondents was 4.

Table 2: Health literacy of students based on HLQ domain

Variable	Median (min-max)
D1: Feel understood and supported by healthcare providers	3.75(1-4)
D2: Have enough information to manage	3.50 (2-4)
D3: Actively manage health	4 (1-4)
D4: There is social support for health	3.75 (2-4)
D5: Assessment of health information	4.75 (2-5)
D6: Ability to actively engage with health care providers	4.75 (2-6)
D7: Ability to navigate the health system	3.00 (1-4)
D8: Ability to seek good information about health	4.00 (1-5)
D9: Understanding health information and its application	4.00(1-5)

Table 3 outlines respondents' answers per question item, questions 1-23 illustrate respondents' agreements, the results show the majority of respondents answered agree in almost all questions. Meanwhile, disagreement is still relatively high in the ability of the community to involve health workers to consider information to be decided with an average of 27.1%. Meanwhile, questions 24-44 describe respondents' capability, the results show that the majority of respondents have good health literacy. The capabilities that are still relatively lacking are how patients find the right health services and communication with health workers. Such as the percentage of answers to questions number 1, 7, 8, 13, and 16.

Table 3: Health literacy distribution by question item

NO	STATEMENT	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1.	I feel well-informedabout health	5(1.0)	43(8.4)	62(12.2)	399(78.4)
2.	I have at least one health worker who knows me well	7(1.4)	96(18.9)	88(17.3)	318(62.5)
3.	I was able to contactseveral health workers who understood and supported me	6(1.2)	82(16.1)	65(12.8)	356(69.9)
4.	I compare health information from different sources	5(1.0)	53(10.4)	57(11.2)	394(77.4)
5.	When I'm in pain, the people around me really understand what I'm going through	5(1.0)	86(16.9)	59(11.6)	357(70.5)
6.	I spend enough time actively taking care of my health	1(0.2)	15(2.9)	127(25.0)	366(71.9)
7.	If I get new information abouthealth, I will find out whether it is true or not	2(0.4)	24(4.7)	126(24.8)	257(70.1)
8.	I know one healthworker I can talk to about my health problems	3(0.6)	105(20.6)	57(11.2)	344(67.6))
9.	I have an activity plan to be able to maintain my health	1(0.2)	34(6.7)	99(19.4)	375(73.7)
10.	I have enough information about my health problems	2(0.4)	60(11.8)	46(9.0)	401(78.8)
11.	If I need help, I have a lot of health workers available	9(1.8)	138(27.1)	47(9.2)	315(61.9)

No.	Statement				
12.	I always compareloyalty information from different sources and then decide what is best for me	3(0.6)	51(10.2)	76(14.9)	378(74.3)
13.	Even though I am busy,I make time to take care of my health	2(0.4)	14(2.8)	137(26.9)	356(69.9)
14.	I believe I have all the information needed to take good care of my health	1(0.2)	55(10.8)	68(13.4)	385(75.6)
15.	I have at least one friend who can accompany me to thedoctor	6(1.2)	32(6.3)	93(18.3)	378(74.3)
16.	I know how to determine whether the health informationI receive is correct or not	3(0.6)	58(11.4)	55(10.8)	393(77.2)
17.	I know health workers who can help me when I need to decide what to do	(0.8)	93(18.3)	56(11.0)	356(69.6)
18.	I set my own goals for my health (e.g. not smoking, losing weight, etc.)	(0.2)	21(4.1)	137(26.9)	350(68.8)
19.	I have strong support from family or friends	(0.8)	22(4.3)	137(26.9)	346(68.0)
20.	I ask health workers about the quality of health information I receive	(0.4)	54(10.6)	63(12.4)	390(76.6)
21.	There are some activities that I do regularly to make myself healthier	(0.2)	39(7.7)	72(14.1)	397(78.0)
22.	I have at least one health worker I can rely on	(1.2)	82(16.1)	59(11.6)	362(71.1)
23.	I have all the information I need to take care of my health	(0.6)	86(16.9)	58(11.4)	362(71.1)

NO	STATEMENT	CANNOT DO	VERY DIFFICULT	QUITE DIFFICULT	QUITE EASY	VERY EASY
1.	Finding the righthealth service	5(1.0)	55(10.8)	**67(32.8)**	187(35.7)	95(18.7)
2.	Ensure that thehealth worker understands your healthproblem well	4(0.8)	26(5.1)	19(23.4)	267(52.5)	93(18.3)

No.	Item					
3.	Find information about healthissues	2(0.4)	23(4.5)	87(17.1)	251(49.3)	146(28.7)
4.	Feeling able to talk about your health concerns with a health professional	9(1.8)	28(5.5)	25(24.6)	246(48.3)	161(19.8)
5.	Confident of being able to fill out the health form correctly	3(0.6)	16(3.1)	01(19.8)	265(52.1)	124(24.4)
6.	Find somehealth information from differentsources	3(0.6)	25(4.9)	95(18.7)	282(55.4)	104(20.4)
7.	Discuss yourhealth concernssatis factorily with your doctor	12(2.4)	61(12.0)	**38(27.1)**	204(40.1)	94(18.5)
8.	Can find the health workeryou need	8(1.6)	50(9.8)	**29(25.3)**	237(46.6)	85(16.7)
9.	Follow healthworker instructions appropriately	5(1.0)	22(4.3)	76(14.9)	283(55.6)	123(24.2)
10.	Find the latesthealth information sothat you havethe best information possible.	3(0.6)	26(5.1)	95(18.7)	273(53.6)	112(22.0)
11.	Deciding which health workeryou should see	10(2.0)	34(6.7)	.21(23. 8)	258(50.7)	86(16.9)
12.	Reading abouthealth information	2(0.4)	14(2.8)	49(9.6)	302(59.3)	142(27.9)
13.	Ensure you find the right place to get the healthcare youneed	3(0.6)	31(6.1)	**168(21.2)**	280(55.0)	87(17.1)
14.	Get healthinformation interms you caneasily understand	1(0.2)	30(5.9)	104(20.4)	284(55.8)	90(17.7)
15.	Discuss everything withthe health worker until you understand allthe necessary information	6(1.2)	42(8.3)	131(25.7)	249(48.9)	8(15.9)
16.	Find out what health services you are entitled to	5(1.0)	37(7.3)	**153(30.1)**	237(46.6)	15.1)
17.	Read and understand all information written on themedicine package	4(0.8)	24(4.7)	128(25.1)	272(53.4)	81(15.9)
18.	Finding health information on your own	7(1.4)	23(4.5)	136(26.7)	257(50.7)	86(16.9)
19.	Determine whathealth services are best for	4(0.8)	37(7.3)	118(23.2)	257(50.5)	93(18.3)

	you					
20.	Ask health workers to get the information you need.	3(0.6)	27(5.3)	110(21.6)	278(54.6)	91(17.9)
21.	Understand what the health worker is asking or suggesting.	4(0.8)	15(2.9)	96(18.9)	287(56.4)	107(21.0)

Based on the table above, it is known that the difference in Health literacy in Health and Non-Health students. The median value of Health students is 3.80 (2.36-4.48) greater than Non-Health students with a median value of 3.66 (1.91-4.48). The difference was analyzed with Mann Whitney U, which obtained a p-value of 0.001, meaning there is a difference in health literacy between Health and Non-Health students.

Table 4: Health literacy differences between Health and Non-Health students

Variable	Median (min-max)	P value
Health Department	3.80(2.36-4.48)	0.001
Non-Health Department	3.66(1.91-4.48)	

DISCUSSION

This study found that the level of health literacy of Health and Non-Health students at Alauddin State Islamic University of Makassar was in the good category. A total of 500 respondents were taken from 8 faculties and divided into 2 categories, namely Health and Non-Health students. There is no difference in their health literacy both from age, gender and semester level of Health and Non-Health students. This is in line with research conducted by (Bella et al., 2022) which explained that there were no differences in health literacy in nursing students in terms of age, gender and semester level of students at several universities in Makassar City. This is certainly the same as the results of our research where there are no differences in health literacy in students of the Alauddin State Islamic University of Makassar in terms of age, gender and semester. This is due to the even distribution of health information carried out by the provincial government targeting the academic community, in this case students. The majority of respondents get information related to Covid-19 vaccination from more than 1 source of information used. For example, getting information from the Instagram platform, Facebook, electronic media and print media.

The results showed that the average age of students in this study was at the age of 20 years. In this study, there were no differences in health literacy in students of the

Alauddin State Islamic University of Makassar. The age of students is a productive age and active in seeking information and getting information from both inside and outside campus.

The material in the learning process has been integrated with material related to Covid-19 so that students are more often exposed to the latest issues that occur today. Based on the results of the HLQ domain mapping per domain, it was found that the 9 domains were in the median value range. This shows that health literacy in the Alauddin State Islamic University of Makassar students is in a good category. The mapping of good categories was different for each domain. In domain 1 with variable students feel understood and supported by health care providers with a mean of 3.75, domain 2 with variable students have sufficient information to manage with a mean value of 3.50, domain 3 with variable students actively manage health with a mean of 4, domain 4 with variable students get social support for health with a mean of 3.75, domain 5 with variable assessment of health information with a mean of 4,75, domain 6 with variable students able to actively engage with health care providers with a mean of 4.75, domain 7 with variable able to explore the health system with a mean of 3.00, domain 8 with variable able to find good information about health with a mean of 4.00, and domain 9 with variable able to understand health information and its application with a mean of 4.00. Judging from the mean median value, the best health literacy domain is in the category where students actively manage health.

The health literacy domain with a lower median score is the ability of students to explore the health system with a median score of 3.00 and the ability to actively engage with health care providers. Since the Covid-19 vaccination facilitated by UIN Alauddin, the data before vaccination since 2021 shows that around 70-80% of students have been vaccinated facilitated by UIN Alauddin Makassar. This confirms that students lack interaction with health service providers to vaccinate against Covid-19, and tend to lack independent initiative in protecting themselves by visiting health services to vaccinate against Covid-19. Especially for non-health students who do not focus themselves on science related to their health.

From this research, it is hoped that it can represent students in higher education in accelerating the Covid-19 vaccination program by the government. From the results of research conducted by (Shahwan et al., 2022) which revealed that students participated in Covid-19 vaccination activities with a percentage of 38.7%. This vaccination is

considered less common in Arab countries when compared to other countries, but is prevalent among students from health science colleges compared to non-health in science colleges. Some of the reasons found for the lack of Covid-19 vaccination are 56.3% due to concerns about unexpected problems, 47.3% distrust, 35.1% with unexpected impacts.

In this study, students have good health literacy in making decisions to vaccinate against Covid-19. The majority of UIN Alauddin Makassar students are able to access good information related to Covid-19 vaccination from various print and online media, they have been facilitated with the features they need on smartphone users. Students are able to filter sources of information that they consider valid. They have been well facilitated by health workers whom they can consult at any time related to Covid-19 vaccination both in the health service setting at the Puskesmas and at the Hospital. Their family environmentalso supports them in terms of preventing Covid-19 transmission including vaccinating against Covid-19. In accordance with the phenomenon that exists in the campus environment, before students go down to field practice, first, the campus provides an informed consent sheet or a statement that the student's family knows and agrees for their family (students) to go down to practice provided that they have been vaccinated. In addition, the campus has provided everything needed to maintain student stamina during the learning process both on campus and off campus. Students are equipped with vitamins and Personal Protective Equipment, especially those who have direct practice contact with the community.

In line with research (Syah et al., 2020) shows that the use of digital media as a center for health literacy information and can be accessed by students, both health and non-health majors and develop it through an educational learning process to provide information to the public such as educational media through YouTube. Students must assist the government in helping health workers achieve the Covid-19 vaccination target together with all elements of society.

During the current pandemic, it is necessary to better manage health in fighting the Covid-19 virus. Starting from anticipating the prevention of exposure to the Covid-19 virus, namely students vaccinating against Covid-19, consuming vitamins, consuming fruits and vegetables and doing sports activities. This is in line with research conducted by (Sukys et al., 2017) that health education in health promotion efforts has been obtained by students from various sources of information including in terms of doing physical activity by exercising and improving lifestyle.

At the time of exposure to the virus, curative action needs to be taken, namely students taking treatment in health services. After that, for students who have not received the vaccine, data collection is carried out by the Alauddin Makassar State Islamic University campus, so that they get the Covid-19 vaccination. Students who are detected to beexposed to the virus are encouraged to rest. Covid-19 vaccination has been carried out bythe campus since the 2021 period in collaboration with the Gowa Regency Health Office. This is in line with research conducted by (Sukys et al., 2017) which shows significant results in accessing, understanding, and applying health information in the healthcare domain and accessing, understanding, and assessing health information in the disease prevention domain. This is also done in health and non-health students in making preventive efforts to prevent exposure to the Covid-19 virus by digging up information related to Covid-19 to make decisions in vaccinating against Covid-19. Students are very active insearching for literature as an argument in carrying out Covid-19 vaccination.

The characteristics of UIN Alauddin Makassar students always maintain their health, both from health and non-health students. They have the same opportunity to maintain their health and get the same information in making health protection efforts for themselves. Students have been able to filter correct and incorrect health information, what they do is clarify to lecturers and academic community in the campus environment. Students who are smart, creative, curious and easy to direct in complying with campus regulations are the success of Alauddin State Islamic University in achieving the Covid-19 vaccination target for both health and non-health students. In line with research conducted (Fitriani1 et al., 2022) which suggests that students at Alauddin State Islamic University of Makassar have good preventive behavior in preventing Covid-19 transmission. In addition, research conducted by (Yustilawati et al., 2020) which explained that students at the State Islamic University of Alauddin Makassar have been good in terms of maintaining distance, using masks when traveling and washing hands after contact with other people or contact objects.

On the other hand, there are several obstacles for students in this case, students who sometimes experience difficulties in determining the right health service in determining their health status related to vaccinating against Covid-19. The characteristics of Non-Health students who are more minimally exposed to health workers, make them still stiff and slow in discussing health problems with health workers. Another obstacle is the limitation in recognizing and understanding medical terms. This results in students

having limited communication related to their health with health workers, especially doctors. Students sometimes find it difficult to meet doctors in health services to conduct direct consultations regarding their conditions during the pandemic and when deciding to vaccinate against Covid-19. The results of research conducted by (Fitriani et al., 2020) which describes the measurement of health literacy in students using the HLS-EU-Q16 instrument which has been translated into Indonesian where students do not understand the terms/phrases used when developing health literacy tools which are done qualitatively.

In addition, students also sometimes find it difficult to know what health services they are entitled to. These obstacles are encountered by students of the Alauddin State Islamic University of Makassar. This needs to be improved where the campus collaborates with health services so that students are able to make decisions regarding their health conditions. In line with research conducted by (Latif & Iriana, 2020) which explained that therewas no significant relationship between social determinant variables and the level of health literacy in creative media state polytechnic students. The health literacy questionnaire domain most accessed by students is health promotion. While the domain that is less accessed by students is access to health information. The advice given in this study is to increase access to health information to various media that are in accordance with the socio-culture of students.

The results showed that there were differences in health literacy between students majoring in Health and Non-Health with a p value of 0.001. Students majoring in health have better health literacy related to Covid-19 vaccination. In line with research conducted by (Lestari & Handiyani, 2017) where the respondents were Health and Non-Health students at the University of Indonesia, which showed that Health students tend to have a higher level of health literacy compared to non-health students with a p value of <0.001, but all students did not reach the score of the total HLQ with a score of <80%. In addition, the same research results were presented by (Cuthino et al., 2021) whoidentified that health literacy in people who work in the health sector is better than non- health. Based on the results of interviews, non-health students tend to use traditional medicine and only occasionally visit health services and prioritize the health of their family members over their own health. If connected to the research objectives, of course this is in line with the results obtained that there are differences in health literacy for bothHealth and Non-Health students. higher health literacy than non-health students. Alauddin State

Islamic University has facilitated e-learning and e-library where students can easily access information, especially health information related to Covid-19 and Covid-19 vaccination which is one of the current trending topics. The use of online media is more widely accessed today along with the pandemic phenomenon that has occurred in Indonesia.

Health students have better health literacy because the concentration of majors and materials in the learning process is related to health and health problems. Almost all courses for students majoring in health discuss the topic of pandemic issues and vaccinations. They have more health insights gained through the learning process. This is in line with research by (Hasan et al., 2021) with an average age of students around 20-25 years where health students have a knowledge score of 76% compared to non-health students 69%. In addition, research conducted by (Wahyuni et al., 2020) which explained that the Instagram social media platform has proven to be able to meet the needs of students in getting the health information they need. This is in line with the results of research conducted at the Alauddin State Islamic University of Makassar where most respondents have Instagram social media so that both health and non-health students get the same proportion in accessing information related to the importance of vaccinating against Covid-19. Students get Covid-19 vaccination information that is useful for them which certainly affects their attitude towards Covid-19 vaccination. This has an effect on the health literacy of students at the Alauddin State Islamic University of Makassar.

Health students with high health literacy tend to access information from the internet through websites, health journal articles presentation 90.1% and sites with unknown sources, namely blogspot, blogs (70.4%). Meanwhile, non-health students have the same pattern as health students who access information sources related to Covid-19 and covid-19 vaccination from the same source. The government issued regulations for several categories of management, for example, when entering public areas, you must show a Covid-19 vaccination certificate, when traveling by train and airplane and other means of transportation, you must show a Covid-19 vaccination certificate. Of course this will give pressure to encourage everyone to want to vaccinate against Covid-19. In this regard, the character of students who have motivation is twofold. First, there is an urge from themselves to want to vaccinate against Covid-19 because it is related to health status where they want to avoid exposure to the virus. Second, there is encouragement from a government program that requires everyone to vaccinate against Covid-19 by

issuing a policy to ensure that every Indonesian citizen must have a vaccination card.

CONCLUSIONS

From this study, it is known that the level of health literacy related to Covid-19 vaccination in students of Alauddin State Islamic University of Makassar is the level of health literacy of Covid-19 vaccination in health and non-health students of Alauddin State Islamic University of Makassar is in the good category. In addition, Health literacy of health and non-health students at the Alauddin State Islamic University of Makassar is not influenced by age, gender and semester level. There are differences in the level of health literacy in health and non-health students at the Alauddin State Islamic University of Makassar where health students have good health literacy compared to non-health students. Efforts are needed to increase health literacy for students in science during the lecture process, especially for non-health students. Socialization is carried out from the academic community regarding Covid-19 and procedures in terms of Covid-19 vaccination.

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