

Strengthening The Community-Based Surveillance (CBS) Through Interpersonal Communication And Development Modul In Barru Regency

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ABSTRACT

Community-based surveillance (CBS) is a development program of integrated surveillance. Unfortunately, the CBS program's implementation has not been optimal. Most of the CBS cadres do not carry out their duties properly. This study aims to improve the skills of CBS cadres through interpersonal communication and module development. This study was a quasi-experimental research with a non-randomized pre-test post-test control group design. This study's population was 48 cadres of CBS who were not active in several sub-districts. Those were mainly in Tanete Riaja Sub-district, Barru Sub-district, Balusu Sub-district, and Mallusetasi Sub-district. The intervention sample was 20 people in the Tanete Riaja Sub-district. The control sample was 20 people scattered in the Barru Sub-district, Balusu Sub-district, and Mallusetasi Sub-district obtained by purposive sampling. Data analysis used a paired T-test, Wilcoxon test, unpaired T-test, Mann Whitney test, and chi-square test. The results showed differences in knowledge (0.000) and attitudes (0.000) before and after the interpersonal communication intervention and module development. There was a difference in attitude (0.000) between the intervention group and the control group. No difference was found in knowledge between the intervention group and the control group. The study concluded an increase in Community Based Surveillance (CBS) cadres' knowledge and attitudes after conducting interpersonal communication and module development. It is suggested that the next study should conduct interpersonal communication training for health workers and CBS cadres.

Keywords: *Community Based Surveillance, Interpersonal Communication, Module Development*

1. INTRODUCTION

Infectious diseases are still a public health problem (Permenkes, 2014). Despite constant changing disease patterns, infectious diseases remain the leading cause of death and illness in low-income countries. Each year, more than 100 outbreaks of infectious diseases and other public health problems occur mostly in the African region (WHO, 2017). WHO

states that control of infectious diseases depends on an effective disease surveillance response system.

Integrated disease surveillance and the response has been implemented in the African region for about 44 out of 47 countries (94%). Specifically, of the 44 countries implementing integrated disease surveillance and response; 40 countries (85%) have initiated integrated disease surveillance and response training at the local level; 32 countries (68%) have initiated community-based surveillance; 35 countries (74%) had event-based surveillance, albeit to varying degrees; 33 countries (70%) had integrated electronic disease surveillance and response, and 32 countries (68%) have weekly / monthly newsletters for sharing integrated disease surveillance and response data. Thirty-two countries (68%) had reached the deadline for at least 80% of reporting units. However, only 12 countries (26%) had the desired target of at least 90% coverage for the implementation of integrated disease surveillance and response (Fall *et al.*, 2019).

Community-based active case finding has proven feasible and practical to be applied in poor settlements in the City of Phnom Penh, Cambodia. Infectious diseases are still a public health problem that causes high illness, death, and disability. It is necessary to prevent effective and efficient prevention, control, and eradication (Permenkes, 2014). Efforts to control Diseases prevented by Immunization (PD3I) and other health problems can be made by implementing the Community Based Surveillance (CBS) program. (Dinas Kesehatan Kabupaten Barru, 2018).

Community-based surveillance is the detection and systematic reporting of public health events in a community (WHO, 2019). Community-Based Surveillance (CBS) has combined several types of diseases prevented by Immunization (PD3I), including polio (crippling paralysis), measles, Tetanus Neonatorum (TN), diphtheria, pertussis or whooping cough and pulmonary tuberculosis, and other health issues. (diarrhea, leprosy, avian flu, malaria, food poisoning, and rabies) which are considered essential and can be detected independently by the community (Dinas Kesehatan Kabupaten Barru, 2018). The implementation of the Community Based Surveillance (CBS) program is strongly supported by the role of cadres and community participation.

The role of active cadres in the Community Based Surveillance (CBS) program is strongly supported by adequate knowledge and attitudes. Research of I. M. K. Wijaya (2013) shows a statistically significant relationship between knowledge and attitudes with health cadres' activities. The health cadres with high knowledge are 18 times more likely to be active than insufficient knowledge. Also, health cadres with good attitudes have an eight times greater likelihood of being active than less.

Increasing the cadres' knowledge and attitudes can be done by providing training and conducting interpersonal communication with cadres. A significant increase in knowledge occurred after training (Wahyuni & Artanti, 2013). It effectively increased knowledge and practice after interpersonal communication.

Interpersonal communication and module development are also essential to increase the knowledge and attitudes of cadres. Because the communicator and the communicant face each other, each party can immediately know the response given and reduce the level of dishonesty when there is communication (Suranto, 2011). Communication can run effectively if both parties understand the topic being communicated. For the topic to be well understood, a module is needed as a tool (RI & Kemenkes, 2014). Based on interviews with health workers, Barru Regency has implemented the Community Based Surveillance (CBS) program. However, the CBS program's implementation is still not optimal because most cadres do not carry out their duties/activities. The cadres' role is vast in case finding. The community's low participation in finding symptoms and risk factors for Immunization prevented disease (PD3I) and other health problems.

Based on the description above, it is essential to strengthening CBS cadres through interpersonal communication methods. Increased knowledge and attitudes in finding symptoms of Immunization prevented disease (PD3I) and other health problems.

2. MATERIALS AND METHODS

Location and Design

This research was conducted in Barru Regency, South Sulawesi. It was a quasi-experimental research with the non-randomized pre-test post-test control group design (Murti, 2018).

Populations and Samples

This study's population was 48 cadres of CBS. They were not active in several Sub-districts, namely Tanete Riaja Sub-district, Barru Sub-district, Balusu Sub-district, and Mallusetasi Sub-district. The intervention sample involved 20 people in the Tanete Riaja Sub-district. In comparison, the control sample involved 20 people scattered in the Barru Sub-district, Balusu Sub-district, and Mallusetasi Sub-district.

Method of Collecting Data

This study used primary and secondary data. Primary data were obtained from CBS cadres who were selected as samples using a questionnaire. Secondary data were obtained from the Barru Regency Health Office in the form of static CBS cadre data.

Data Analysis

The statistical test used was the two independent mean difference test, and the two dependent mean difference test. Two independent mean difference test was to determine differences in knowledge and attitudes between (interpersonal communication and module development) and module development. The two dependent mean difference test was to determine differences in knowledge and attitudes before and after interpersonal communication and module development.

3. RESULTS

Respondents aged 26-45 years dominated the intervention group, with about 14 respondents (70%). The same thing in the control group was also dominated by respondents aged 26-45 years, about 16 respondents (80%). Respondents with a junior high school education background dominated the intervention group (7 respondents (35%)). However, the control group was mostly respondents with high school education (10 respondents (50%)). Generally, both the intervention and control groups did not work, 15 respondents (75%) and 17 respondents (85%), respectively. The respondents' working period in the intervention group was mostly 5-6 years (8 respondents (40%)). However, this was different for the control group, which generally had a 1 - 2 years service period (12 respondents (60%)). Regarding the training variable, the intervention group received more training 3-4 times were 13 respondents (65%), and the control group generally received training 1-2 times were 12 respondents (60%) (Table 1).

Table 1. Distribution of Respondent Characteristics in Barru Regency

Variable	Intervention		Control		Total	
	n	%	n	%	n	%
Age (years)						

26 – 45	14	70	16	80	30	75
46 – 65	6	30	4	20	10	25
Education						
Primary school	3	15	1	5	4	10
Junior high school	7	35	5	25	12	30
Senior high school	4	20	10	50	14	35
Diploma 1	1	5	0	0	1	2.5
Bachelor degree	5	25	4	20	9	22.5
Work						
No	15	75	17	85	32	80
Yes	5	25	3	15	8	40
Years of Service (years)						
1 – 2	7	35	12	60	19	47.5
3 – 4	5	25	4	20	9	22.5
5 – 6	8	40	4	20	12	30
Training (times)						
1 – 2	3	15	12	60	15	37.5
3 – 4	13	65	4	20	17	42.5
5 – 6	4	20	4	20	8	20
Total	20	100	20	100	40	100

Respondents' knowledge after interpersonal communication and module development interventions with statistical test results obtained $p = 0.000$ ($p < 0.05$). It statistically significantly differed in the average score of knowledge related to CBS before and after interpersonal communication and module development interventions. The respondents' knowledge after module development in the control group, the statistical test results were obtained by the value of $p = 0.000$ ($p < 0.05$). It meant a significant difference in the average score of CBS respondents' knowledge before and after module development in the control group statistically. The difference in knowledge related to community-based surveillance showed that the difference was higher in the interpersonal communication and module development intervention group (32.44%) than the control group (26.42%). It showed that the amount of change in knowledge about community-based surveillance (CBS) after interpersonal communication intervention and module development was 6.02% (Table 2).

Table 2. Differences in knowledge and attitudes before and after interpersonal communication and module development in Barru Regency

Variable	n	Mean	P-value
Knowledge			
Intervention Group			
Pre-test	20	94	0.000
Post-test	20	124.5	
Differences		32.44	
Control Group			
Pre-test	20	96.5	0.000
Post-test	20	122	
Differences		26.42	
Attitude			
Intervention Group			
Pre-test	20	26	0.000

Post-test	20	35.7	
Differences		37.30	
Control Group			0.000
Pre-test	20	27.1	
Post-test	20	31.6	
Differences		16.60	

After the interpersonal communication intervention and the module interventions' development with the statistical test results obtained by the value of $p = 0.000$ ($p < 0.05$), the respondent's attitude. It revealed a statistically significant difference in the average score of the respondent's attitude before and after interpersonal communication and module development interventions. Similar to the respondents' attitude after the module development in the control group, the statistical test results were obtained by $p = 0.000$ ($p < 0.05$). It meant a significant difference in the average score of respondents' attitudes before and after giving the module to the control group. The difference in the average score (mean) of attitude showed that the difference was higher in the intervention group (37.30%) compared to the control group (16.60%). The magnitude of the change in attitudes about community-based surveillance (CBS) after interpersonal communication intervention and module development was 20.7% (Table 2).

The difference in knowledge level between the intervention and control groups was obtained when the pre-test was obtained p -value = 0.278 ($p > 0.05$). Statistically, there was no significant difference in the mean score of respondents' knowledge between interpersonal communication intervention and module development and control. Similarly, the level of knowledge between intervention respondents and control respondents at the post-test time was obtained p -value = 0.071 ($p > 0.05$). It found no significant difference in the mean score of respondents' knowledge between interpersonal communication interventions and module development and control (Table 3).

Table 3. Differences in knowledge and attitudes of respondents between the intervention group and the control group during the pre-test and post-test in the Barru Regency

Variable	n	Mean	P-value
Knowledge			
Pre-test			
Intervention	20	94	0.278
Control	20	96.5	
Post-test			
Intervention	20	124.5	0.071
Control	20	122	
Attitude			
Pre-test			
Intervention	20	26	0.460
Control	20	27.1	
Post-test			
Intervention	20	35.7	0.000
Control	20	31.6	

The difference in the respondents' attitude between both intervention and control groups at the time of the pre-test was obtained p -value = 0.460 ($p > 0.05$). It showed no significant difference in attitudes between intervention groups and the control group. In contrast, there was a difference in attitudes between interventions and control groups at the post-test time; the value of $p = 0.000$ ($p > 0.05$) was obtained. Statistically, there was a

significant difference in attitudes between interpersonal communication intervention and module development and control (Table 3).

4. DISCUSSION

This research showed an increase in knowledge and attitudes after interpersonal communication intervention and module development and control. After interpersonal communication and module development intervention, knowledge was improved due to new information conveyed through interpersonal communication and module development, which improved the information previously obtained. A person who receives a stimulus is called a communicant in the scope of interpersonal communication. Interpersonal communication is communication between communicators and communicants (I. S. Wijaya, 2013). Interpersonal communication allows reciprocity, an interaction between the sender and receiver of the message in communication, which affects the other. The influence occurs at the cognitive level (knowledge) (I. S. Wijaya, 2013)

Knowledge is the result of human senses or a person's knowledge of objects through their senses (eyes, nose, ears, and others). By itself, at the time of sensing to produce knowledge, it is strongly influenced by the object's intensity of attention and perception. Most of the human knowledge is obtained through the eyes and ears (Notoatmodjo, 2014).

This research is in line with the research conducted by Ahmed, Hossain, and Kabir (2014). Interpersonal communication has succeeded in increasing public knowledge about malaria. This study's results are also in line with the research of Ezeah, Ogechi, Ohia, and Celestine (2020), which states that interpersonal communication can increase knowledge about COVID-19 in rural communities.

Increased knowledge after control module development was since the modules given to community-based surveillance (CBS) cadres were able to change knowledge. It was due to CBS cadres having received previous training, so the modules provided were the only reminder

Based on the data obtained, all cadres in the module development control group were known to have received training related to community-based surveillance (CBS). Cadre knowledge related to community-based surveillance (CBS) related to know (know) means remembering a material or knowledge related to community-based surveillance (CBS). In this case, the cadres recall something specific from all the materials studied or the stimuli they have received. Understanding (comprehension) is the cadres' ability to correctly explain a disease's symptoms (Notoatmodjo, 2014).

Modules are very appropriate to be given even though there are individual differences. The users can learn according to their ability level, make learning effective. The module is a printed teaching material designed to be studied independently by learning participants. Modules are also called media for independent study because they are equipped with instructions for self-study. Learning provides opportunities for learners to imitate an activity required in their daily work or related to their responsibilities. When the knowledge evaluation is done again, there is an increase (Nugrahaeni & Margawati, 2014).

The same result shows by Ibriani et al. (2020) that the mother's knowledge increased after being given a learning media module to detect hypertension risk in pregnancy. Another research previously shows an increase in knowledge after being given the module (Jumiyati, Nugrahaeni, & Margawati, 2014).

In this study, the two groups had differences before and after between the intervention and control groups. Although the two groups both had differences, the study results showed a difference in the average score (mean) of community-based surveillance knowledge. The

difference was higher in the interpersonal communication and module development intervention group (32.44%) than the control group (26.42%).

Attitude improvement that occurs after interpersonal communication and module development. Success in changing attitudes, communicators always pay attention to the expectations desired by other parties. Moreover, fulfilling all the wishes, people who receive the information provided through interpersonal communication and module development will be affected and automatically changed.

As communication between communicators and communicants, interpersonal communication is considered the most effective communication type in changing attitudes. It is also due to the effect of interpersonal communication in changing attitudes, which will depend on the extent to which communication is considered, understood, and accepted (Azwar, 2003).

Interpersonal communication is also the most effective communication and has a significant influence on changing a person's attitude. When the communicant receives a message or information, the communication process has influenced the communicant. Because basically, communication is a phenomenon and an experience. Every experience will give meaning to human life situations, including giving specific meanings to the possibility of changing attitudes (Widjaja, 2010).

Bahfiarti, Farid, and Syikir (2020) found the same thing. There is an influence between interpersonal communication effectiveness on adolescent attitudes to prevent early marriage in the Youth Family Development Group (Bina Keluarga Remaja (BKR)), Mamuju Regency.

The increase in the respondent's attitude occurred in the control module development. The increase that occurred shows that the information presented in the module has been successfully received. Attitudes are formed directly as a result of specific experiences. These experiences can arise from direct personal experience. Apart from experience, attitude change is also influenced by knowledge. One of the theories of attitude change is Rosenberg's theory, known as the cognitive-affective consistency theory in attitude problems. This theory states that the consistency relationship in question is the affective component, which is always related to the cognitive component. If the affective component changes, the cognitive component will also change and vice versa (Walgito, 2011).

The attitude was then formed and made the cadres feel more critical during a community in need (Cipta & Notoatmodjo, 2010). Attitude is also referred to as a picture of like or dislike towards an attitude often obtained from one's own experience or other people. Someone with a positive attitude does not always manifest in real action. (Cipta & Notoatmodjo, 2010). Attitude is not yet an action or activity but predisposes to behavioral action.

This study's results are in line with the research of Jumiyati et al. (2014), which stated that there were significant differences before and after giving the module to improve cadres' attitudes. In this study, both groups had differences before and after interpersonal communication and module development intervention and control module development. Besides, the study indicated the difference in the average score of respondents' attitudes regarding community-based surveillance. The difference was higher in the intervention group (37.30%) than in the control group (16.60 %).

There was no difference in knowledge between interpersonal communication intervention and module development compared to control module development during pre and post-test. The absence of statistical differences was because the experiences of all respondents are the same. Respondents from the intervention and control groups received training in community-based surveillance (CBS) related to the disease symptoms. Besides that, it was because the control group was also given treatment in the form of modules. In this

study, researchers reinforced that the material provided was not new because the respondent had received previous material. So, the respondent's knowledge was only obtained from reading the modules that have been given.

Compared to the control group, the intervention group's high average score indicated that the intervention group (interpersonal communication and modules) was more effective than the control group (module).

There was no difference in attitudes between interpersonal communication interventions and module development and control during the pre-test. In contrast to the post-test, there were differences in attitudes between interpersonal communication interventions and module development and control.

This study showed that the intervention group (interpersonal communication and modules) was more effective than the control on respondents' knowledge, attitudes, and activeness. It was because providing information through word of mouth word more effective than simply providing modules.

Aghaei, Mohraz, and Shamshirband (2020) also argued that interpersonal communication affects knowledge and stigma about HIV and has a more substantial influence than the media. Besides, Ahmed et al. (2014) state that interpersonal communication is more effective in increasing knowledge and practice than print media. Some researchers also stated that interpersonal communication is superior to the media in changing people's attitudes and awareness (Valente, 1996).

Interpersonal communication in disseminating information can influence attitudes, beliefs, and behavior (Duggan, 2006). Interpersonal communication begins with the personal self (self). It means that all forms of the process of interpreting messages and judgments about others depart from oneself (Aw, 2011). Interpersonal communication concerns aspects of message content and interpersonal relationships. It suggested that interpersonal communication's effectiveness is determined by the quality of the message and the level of relationships between individuals so that new behavior occurs.

Suppose the acceptance of new behaviors or the adoption behavior through a process like this, based on knowledge and awareness of a positive attitude. In that case, the behavior will be long lasting. Conversely, if a behavior is not based on knowledge and awareness, it will not last long.

Although interpersonal communication is more effective than modules, modules still have a role in changing the knowledge, attitudes, and activeness of CBS cadres. The research conducted by Ahmed et al. (2014) showed that the print media played a small role in increasing their understanding of malaria.

Print and audiovisual media played a small role in increasing their understanding of malaria. It is not surprising in a mostly illiterate society where the content and form of printed and audiovisual materials may not be user-friendly or culturally sensitive. Also, word-of-mouth spread is expected, making interpersonal communication more effective (Cropley, 2004).

5. CONCLUSIONS

It can be concluded from this study that there was an increase in knowledge and attitudes after interpersonal communication and module development. There was an increase in attitude after interpersonal communication intervention compared to module development. Meanwhile, no increase was found in knowledge after interpersonal communication compared to module development. It is suggested that the next research will conduct interpersonal communication training for health workers and CBS cadres.

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